

# RUTGERS

Center for State Health Policy

## The Status of Nutrition, Physical Activity and Obesity in New Jersey

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# THE STATUS OF NUTRITION, PHYSICAL ACTIVITY AND OBESITY IN NEW JERSEY

## Data Highlights

### Physical Activity in New Jersey

- In 2011, 28.0% of high school students were likely to be physically active for at least 60 minutes per day on all 7 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time) during past seven days.
- In 2009, 47.5% of adults reported participating in 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week.
- In 2011, 32.9% of high school students reported watching television for three or more hours on an average school day.
- In 2011, 37.3% of high school students reported playing video games or using the computer for purposes other than school work for three or more hours on an average school day.
- In 2011, 48.0% of adults reported spending 1 - 2 hours watching television or movies per day, and 38.6% reported watching television for 3 - 24 hours each day.
- In 2011, 45.4% of adults reported spending 1 - 2 hours on computer outside of work.

### Nutrition in New Jersey

- In 2011, 19.2% of high school students reported consuming five or more servings of fruits and vegetables per day during past seven days.
- In 2011, 18.5% of students reported drinking soda or pop one or more times per day in the past seven days.
- In 2009, 26.4% of adults reported consuming five or more servings of fruits and vegetables per day.



### Breastfeeding and Quality of Maternal Care

- In 2009, 79.7% of infants were reported to be ever breastfed or fed breast milk.
- In 2009, 47.9% of infants were reported to be breastfed at six months of age and 26.1% were breastfed at 12 months.
- In 2009, 33.0% infants were reported to be exclusively breastfed (only breast milk – no solids, water or any other liquids) through three months of age.
- Four New Jersey hospitals have been designated Baby-Friendly: (1) Capital Health Medical Center – Hopewell; (2) South Jersey Healthcare Elmer Hospital (3) CentraState Medical Center; and (4) Jersey Shore University Medical Center.

### Child Care Centers and Schools

- In 2010, 61.1 % schools taught all 12 physical activity topics in a required course.
- In 2010, 57.6% of NJ schools reported to have a school health council, committee, or teams (including youth advisory groups) that offer guidance on the development of policies or coordinate activities on health topics.
- In 2010, 34.6% of NJ schools implemented 3 of the 5 school strategies to promote healthy eating.

### Policies and Environment Supporting Physical Activity and Nutrition

- In 2009, 77.6% of census tracts in New Jersey have healthy food retailers (supermarkets, larger grocery stores, warehouse clubs, and fruits and vegetables markets) within half mile boundary.

### Obesity in New Jersey

- In 2011, 10.9% of high school students and 26.5% of adults were reported to be obese.
- Diabetes was the most commonly self reported health condition among obese adults. In 2011, 17.9% reported that their doctor, nurse, or other health professional told them that they have diabetes.

# THE STATUS OF NUTRITION, PHYSICAL ACTIVITY AND OBESITY IN NEW JERSEY

## Introduction

Prevention and treatment of overweight and obesity and their associated health problems are important public health goals as the prevalence of obesity has reached epidemic proportions both nationally and in New Jersey. The most recent national data on obesity prevalence among U.S. adults, adolescents, and children shows that more than one-third of adults (33.8%) and almost 17.0% of children and adolescents were obese in the U.S. in 2009 – 2010 (Flegal KM, Carroll MD, Ogden CL, and Curtin LR. Prevalence and Trends in Obesity among US Adults, 1999-2008. *Journal of the American Medical Association* 2010, 303(3): 235-241). Obesity is also a major risk factor for a number of chronic diseases such as type 2 diabetes, hypertension, heart disease and stroke. Social, economic, environmental, genetic and individual factors may have an effect in causing people to be overweight and obese - thus requiring a multi-layered approach to control obesity.

In 2008, under the Nutrition, Physical Activity, and Obesity Program (NPAO), the Centers for Disease Control (CDC) awarded the New Jersey Department of Health (NJ DOH) Office of Nutrition & Fitness (ONF) funding for an initiative to develop, implement and evaluate a state plan to prevent and control obesity and other related chronic diseases through healthy eating and physical activity. *ShapingNJ* is the statewide partnership focusing on environmental and policy changes around obesity and chronic disease prevention. A core priority of this project was the development of highly engaged long-term partnerships whereby people would work together to set statewide goals within specific areas related to obesity prevention and to implement population based strategies and interventions to meet these goals.

The partnership developed twenty three environmental and policy change strategies addressing six target behaviors, which includes: increasing breastfeeding initiation, duration and exclusivity; increasing physical activity; increasing the consumption of fruits and vegetables; decreasing television viewing; and decreasing the consumption of sugar-sweetened beverages and energy-dense foods. These strategies were targeted to five priority settings – child care centers, schools, community, worksites and healthcare. To achieve their goals, *ShapingNJ* established eleven long-term and twenty-seven intermediate-term objectives.

The objectives and strategies were organized into three main goals:

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Goal 1: Increase the proportion of New Jersey adults and children who are physically active

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Goal 2: Increase the proportion of New Jersey adults and children who consume a healthy diet

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Goal 3: Increase the proportion of New Jersey adults and children who are at a healthy weight

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The long-term objectives (8-10 years) corresponded to the health and behavioral outcomes and the intermediate-term objectives (5-6 years) to policy and environmental outcomes. Indicators, data sources, and target setting methods of the objectives matched the “Healthy People 2020” objectives where ever possible (particularly for the long-term objectives). In some cases, the wording varied because the indicator available at the state level differed from the national indicator and data source. The wording for unmatched intermediate objectives was modeled after other NPAO state plans. Data sources for the objectives and indicators were based on federal data sources or other sustainable sources. The most suitable, reliable and relevant indicators were included for each objective. The long-term objectives will be adopted by “Healthy New Jersey 2020.”

The NJ DOH ONF contracted with the Rutgers Center for State Health Policy (CSHP) to develop a model for a surveillance report and create a profile of physical activity, nutrition, and obesity related data indicators. This report uses the framework of the *ShapingNJ* goals and objectives to provide a picture of physical activity and nutrition practices among New Jersey residents. It also provides information of the status of policies and environments supporting these practices and prevalence of obesity among residents.

We have organized the objectives into six sections in this report: Physical Activity; Nutrition; Breastfeeding and Quality of Maternal Care; Childcare Centers and Schools; Policies and Environment Supporting Physical Activity and Nutrition; and Obesity. In each section, the relevant objectives are presented and data are presented for all of the corresponding indicators. For some topic areas, supplemental data is included to provide additional information about the topic areas.

In addition, this report releases data from the NJ BRFSS NPAO Supplemental module. In 2009, ONF worked with the Center for Health Statistics to develop a series of questions related to environmental and policy supports for physical activity, nutrition and obesity. These questions were included in the statewide NJ BRFSS, conducted annually.

Overall, this surveillance profile provides an at-a-glance view of key data points and indicators related to obesity prevention in NJ. It also serves to report the progress *ShapingNJ* made on curbing the obesity epidemic in NJ and making the healthier choice, the easy choice.



# Physical Activity in New Jersey

Data Sources:

- New Jersey Behavioral Risk Factor Annual Survey (NJ BRFS), 2007 - 2009
- High School Youth Risk Behavior Biennial Survey (YRBS)/New Jersey Student Health Survey, 2009 - 2011
- New Jersey Behavioral Risk Factor Survey (NJ BRFS) Supplemental Module (annual), 2009 - 2011

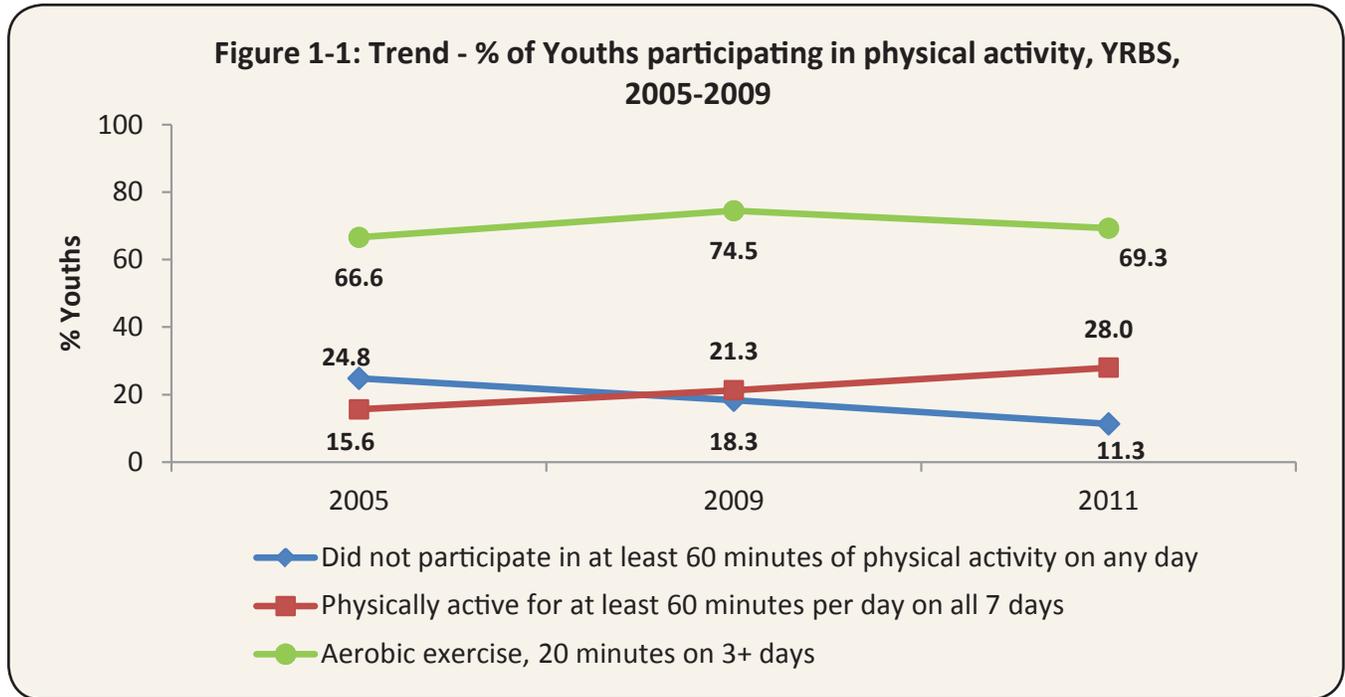


## ShapingNJ Objectives

Long-term Objectives						
Objectives	Indicator	Data source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
1.1 By 2020, 52% of NJ adults will meet current physical activity (PA) guidelines for aerobic physical activity	Percent of NJ adults with 30+ minutes of moderate PA per day, 5 or more days per week, or vigorous physical activity for 20+ minutes per day, 3 or more days per week	NJ BRFS (annual)	47.5%	10% improvement	PA-2.1 Increase the proportion of adults who engage in aerobic physical activity of at least moderate intensity for at least 150 minutes/week, or 75 minutes/week of vigorous intensity, or an equivalent combination. TSM = 10% improvement	NF-3a Increase the proportion of NJ adults who meet current Federal physical activity guidelines for aerobic physical activity TSM = 10% improvement
1.2 By 2020, 23% of NJ high school students will meet current physical activity guidelines for aerobic physical activity	Percent of NJ adolescents (14-18) who were physically active at least 60 minutes per day on each of the seven days during the seven days before the survey	NJ Student Health Survey/ YRBS (biennial)	21.3%	10% improvement	PA-3.1 Increase the proportion of adolescents who meet current Federal physical activity guidelines for aerobic physical activity TSM = 10% improvement	NF-3b Increase the proportion of NJ high school students that meet current physical activity guidelines for aerobic physical activity TSM = 10% improvement
Intermediate Objective						
1.14 By 2015, 25% more students will be physically active during their physical education class	Percent of NJ high school students who spend more than 20 minutes exercising during the average physical education class	NJ Student Health Survey/ YRBS (biennial)	69.7%, 2009	25% improvement (projection)	PA-5 addresses proportion who participate in daily PE but irrelevant question in NJ TSM = 10% improvement	

### Physical Activity – High School Students (13 years old or younger – 18 years old or older)

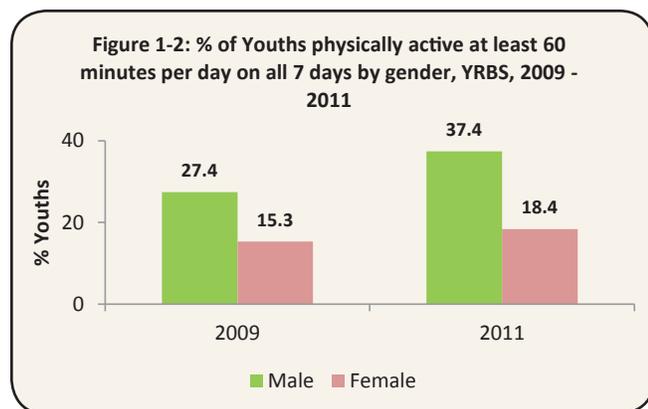
Trend – Youths participating in physical activity (see Table A1 in Appendix A)



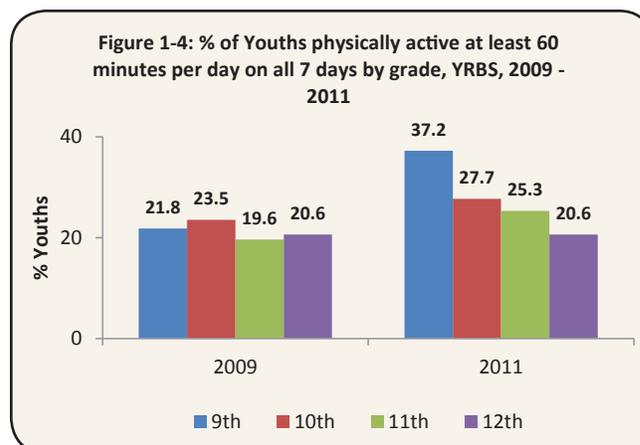
- In 2011, more than one-fourth (28.0%) of the students were physically active for at least 60 minutes per day on all 7 days (doing any kind of physical activity that increased their heart rate and made them breathe hard some of the time during previous week before the survey). The percentage nearly doubled in 2011 compared to 2005 (15.6%) thus meeting the *ShapingNJ* long term objective that by 2020, 23.0% of NJ high school students will meet current physical activity guidelines for aerobic physical activity.
- The number of students engaged in aerobic exercise for 20 or more minutes on three or more days per week fell to 69.3% in 2011 from 74.5% in 2009, a level that more closely resembles 2005 rate.
- The number of participants not participating in at least 60 minutes of physical activity on any day of the week decreased sharply from 24.8% in 2005 to 11.3% in 2011.

## Physical Activity – High School Students by Demographic Characteristics

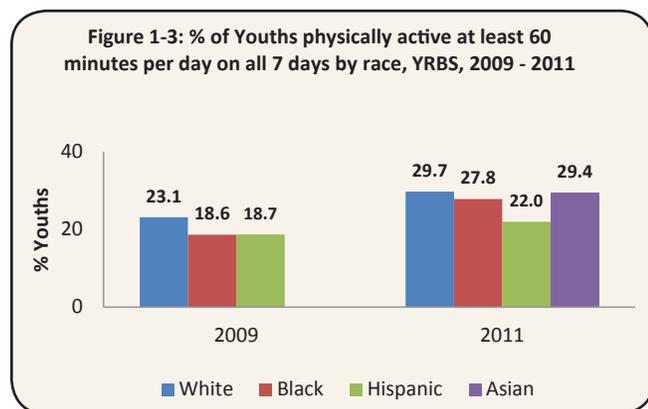
(See Tables A2, A3 in Appendix A)



- In 2011, males were twice (37.4%) more likely than females (18.4%) to engage in physical activity for at least 60 minutes per day on all 7 days.
- In 2011, the number of students reported to be physically active increased for both males and females as compared to 2009.



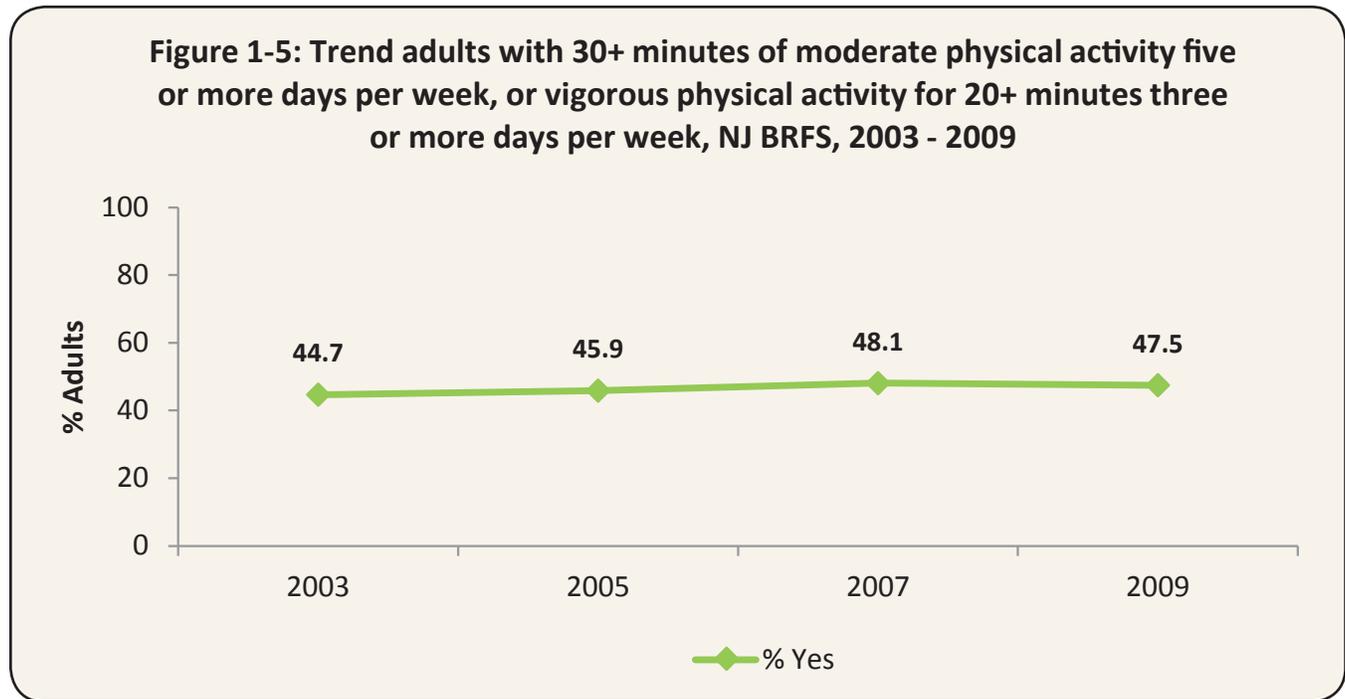
- In 2011, more than one-third of 9th graders (37.2%) and one-fourth of 10th (27.7%) and 11th (25.3%) graders were likely to participate for at least 60 minutes per day on all seven days.
- In 2011, the number of 9th–11th grade students participating in physical activity increased compared to 2009. The increase was largest for 9th graders. There was no change among 12th graders.



- In 2011, White students (29.7%) were reported to be more physically active than Black (27.8%) and Hispanic (22.0%) students.
- Overall, more than one-fourth of White, Black and Asian students were likely to participate for at least 60 minutes per day on all seven days.
- In 2011, the number of students participating in physical activity increased notably for all racial and ethnic groups as compared to 2009. (Data for Asians not reported for 2009 as there were less than 100 respondents)

## Physical Activity – Adults

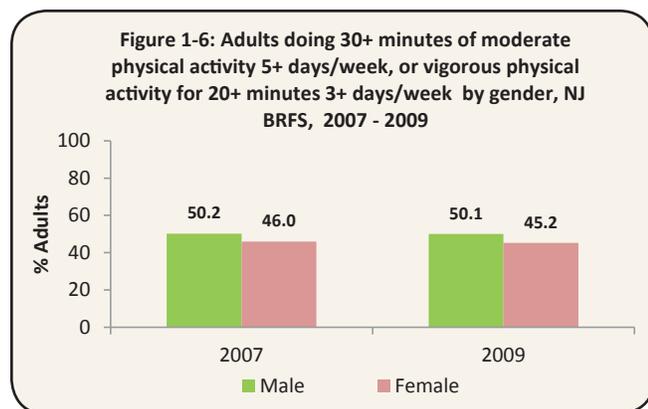
Trend – Adults participating in physical activity (see Table A5 in Appendix A)



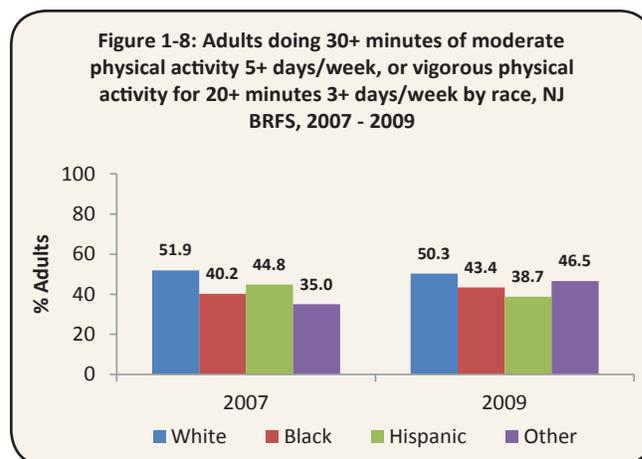
- Less than half of the respondents (2009 = 47.5%) reported that they are doing 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week. This trend has been consistent from 2003 - 2009.

## Physical Activity – Adults by Demographic Characteristics

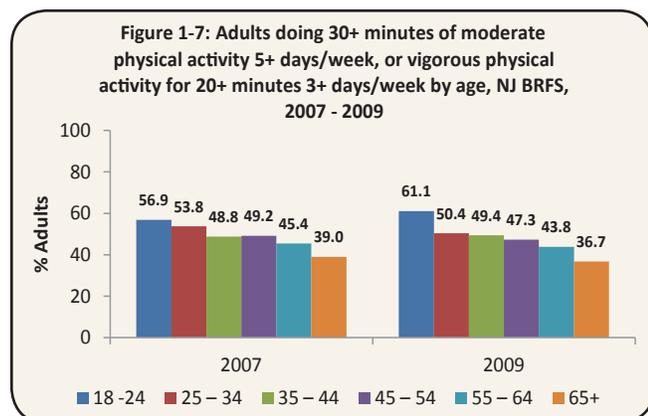
(See Table A6 & A7 in Appendix A)



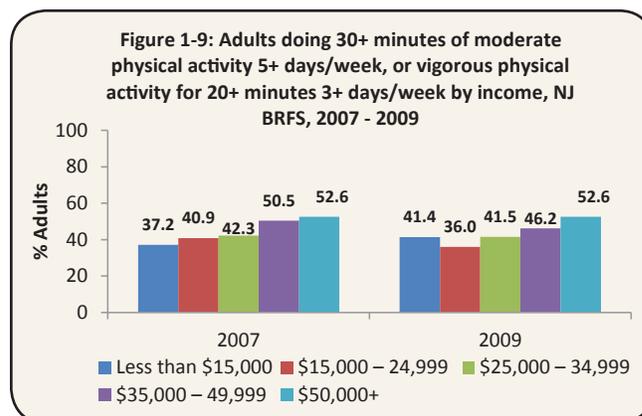
- In 2009, males (50.1%) were more likely than females (45.2%) to be involved in 30 or more minutes of moderate physical activity five or more days per week, or 20 or more minutes of vigorous physical activity three or more days per week.
- The level of physical activity remained similar for both the survey years.



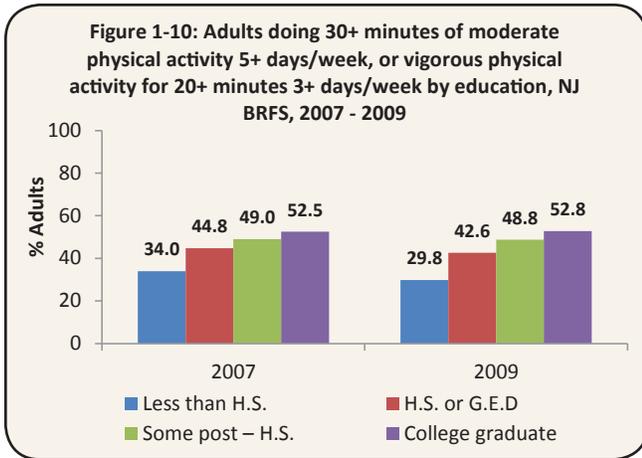
- In 2009, Whites (50.3%) were most likely to be engaged in moderate or vigorous physical activity every week compared to other racial and ethnic groups.
- Hispanics were less likely to be engaged in physical activity in 2009 (38.7%) compared to 2007 (44.8%).



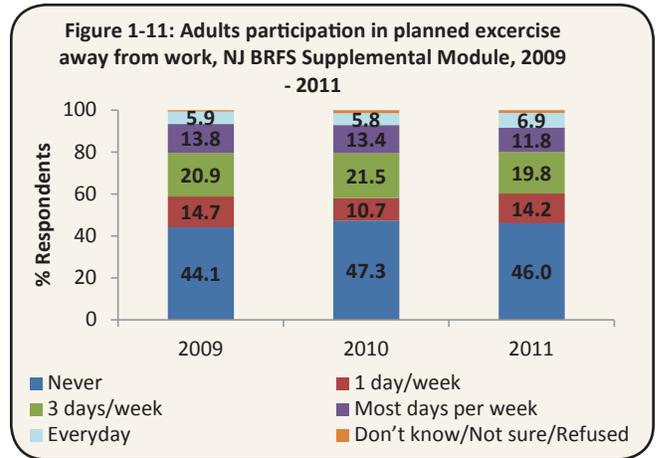
- In 2009, participation in physical activity varied slightly for all age groups as compared to 2007 levels.
- Participation in physical activity decreased with age. In 2009, adults aged 18 – 24 (61.1%) were most likely to report doing moderate or vigorous physical activity every week, and those aged 65 years and older were least likely (36.7%).



- In 2009, adults earning \$50,000 (52.6%) or more were more likely to engage in physical activity compared to lower income groups.
- In 2009, adults earning \$15,000 - \$24,999 (36.0%) were least likely to engage in physical activity.
- Reported levels of physical activity were similar for both the survey years.



- Education seems to have a positive effect on the level of engagement in physical activity. In 2009, adults with a college degree (52.8%) were most likely to report doing moderate or vigorous physical activity every week, and those with less than high school were least likely (29.8%).
- Reported levels of physical activity were similar for both the survey years except for adults with less than high school (29.8% vs. 34.0%).



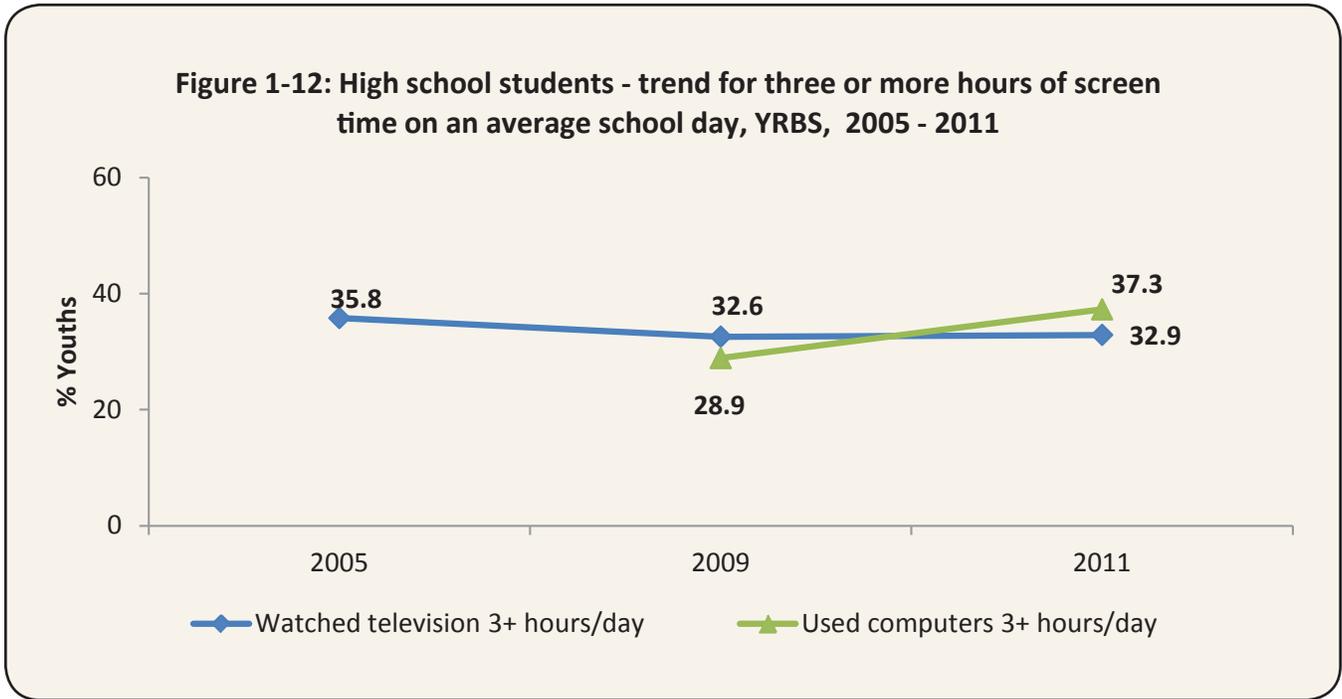
- In 2011, less than half of the adults were not engaged in any planned exercise (such as going to gym, doing fitness classes, running and/or walking at certain intensity) away from work.
- Nearly one fifth (2011 = 19.8%) reported participating in planned exercise three days per week.
- Reported levels of engagement in planned exercise were similar for all three survey years.

## Screen Time

<b>ShapingNJ Long-term Objectives</b>						
<b>Objectives</b>	<b>Indicator</b>	<b>Data source</b>	<b>Baseline</b>	<b>Target Setting Method (TSM)</b>	<b>Healthy People 2020</b>	<b>Healthy NJ 2020</b>
<i>1.3 By 2020, 75% of NJ high school students will watch TV for no more than 2 hours a day</i>	Percent of NJ adolescents (14-18) who watch television 3 or more hours per day	NJ Student Health Survey/ YRBS (biennial)	32.6%	10% improvement	PA – 8.2.3 Increase the proportion of adolescents in grades 9 through 12 who view television, videos, or play video games for no more than 2 hours a day TSM = 10% improvement	NF-4a Increase the proportion of NJ high school students who watch TV for no more than 2 hours a day TSM = 10% improvement
<i>1.4 By 2020, 10% more NJ children will watch TV for no more than 2 hours a day</i>	Percent of NJ children who watch television for no more than 2 hours per day	NJ BRFS Supplemental Module (annual)	TBD	10% improvement	PA – 8.2 Increase the proportion of children and adolescents aged 2 years through 12th grade who view television, videos, or play video games for no more than 2 hours TSM = 10% improvement	
<i>1.5 By 2020, 78% of NJ high school students will use the computer for no more than 2 hours a day</i>	Percent of NJ adolescents (14-18) who use computers 3 or more hours per day	NJ Student Health Survey/YRBS (biennial)	28.9%	10% improvement	PA-8.3.3 Increase the proportion of adolescents in grades 9 through 12 who use a computer or play computer games outside of school (for non-school work) for no more than 2 hours a day TSM = 10%	NF-4b Increase the proportion of NJ high school students who use the computer for no more than 2 hours a day. TSM = 10% improvement

### Screen Time – High School Students (13 years old or younger – 18 years old or older)

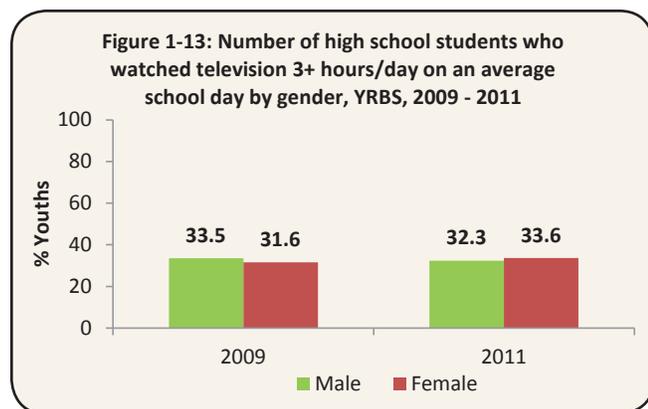
Trend – High School Students – Overall (see Table A8 in Appendix A)



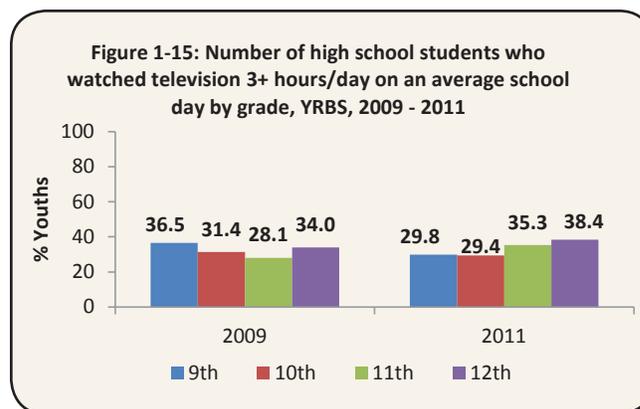
- Overall, nearly one third (32.9%) of high school students reported watching television for three or more hours on an average school day in 2011. The percentage of students decreased from 2005 (35.8%) to 2009 (32.6%) but remained unchanged in 2011 (32.9%).
- Overall, more than one-third (37.3%) of students reported playing video games or using the computer for purposes other than school work for three or more hours on an average school day in 2011. The number of students increased sharply from 2009 (28.9%) indicating students spending more time on computers.

## Screen Time – High School Students by Demographic Characteristics

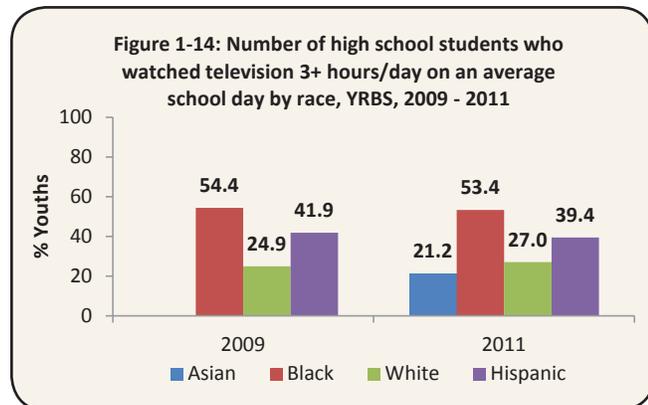
(See Tables A9 and A10 in Appendix A)



- On an average school day nearly one-third of males (32.3%) and females (33.6%) watched television for three or more hours every day in 2011.
- The trend was similar for both 2009 and 2011.

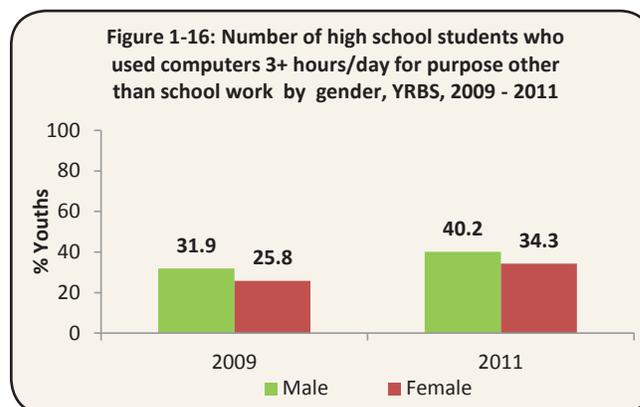


- In 2011, more than one-third of 11th (35.3%) and 12th (38.4%) graders reported spending three or more hours watching television on an average school day. In 2009 more 9th (36.5%) graders reported watching television for three or more hours per day.

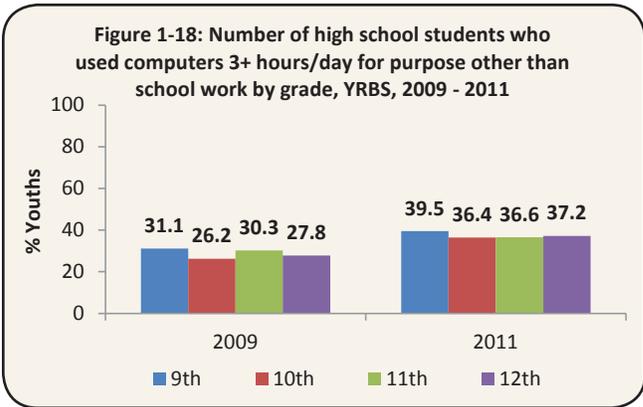
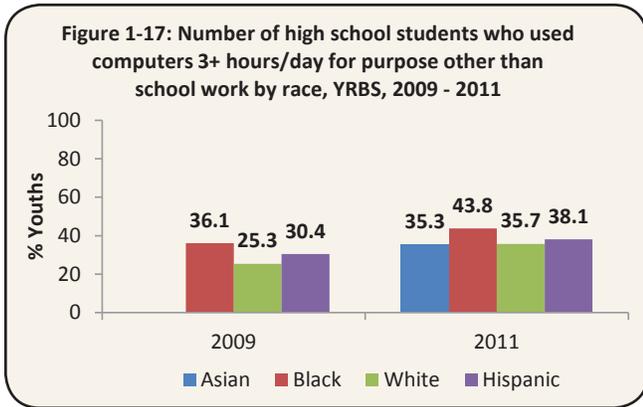


- Black students (2009 = 54.4%; 2011 = 53.4%) were twice more likely compared to White students (2009 = 24.9%; 2011 = 27.0%) to report spending three or more hours per day watching television.
- On an average school day more than half of the Black (2009 = 54.4%; 2011 = 53.4%) students reported spending time watching television for three or more hours per day.

(Data for Asians not reported for 2009 as there were less than 100 respondents)



- On an average school day, more males reported playing video or computer games or using a computer for something that was not school work than females. The trend was similar for both 2009 and 2011.
- Overall, the total number of students spending time on the computer for purpose other than school work increased for both males and females in 2011 from 2009.



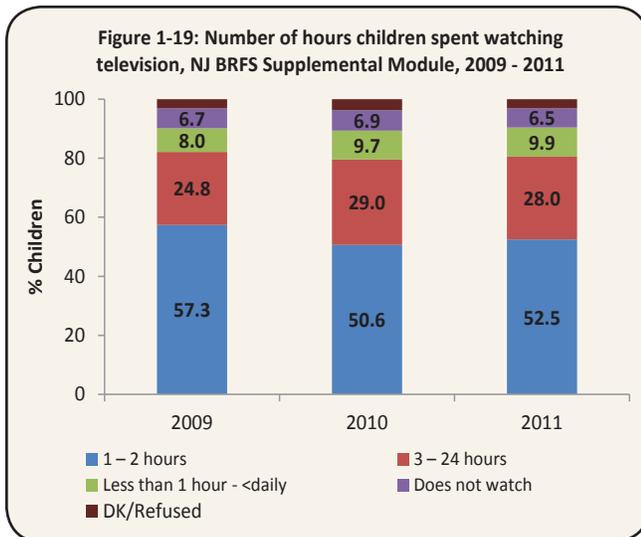
- On an average school day Black students were more likely (2009 = 36.1%; 2011 = 43.8%) than White, Hispanic and Asian students to report spending three or more hours per day on computer.
- Overall, the total number of students spending time on the computer for a purpose other than school work increased for all racial/ethnic groups in 2011.

(Data for Asians not reported for 2009 as there were less than 100 respondents)

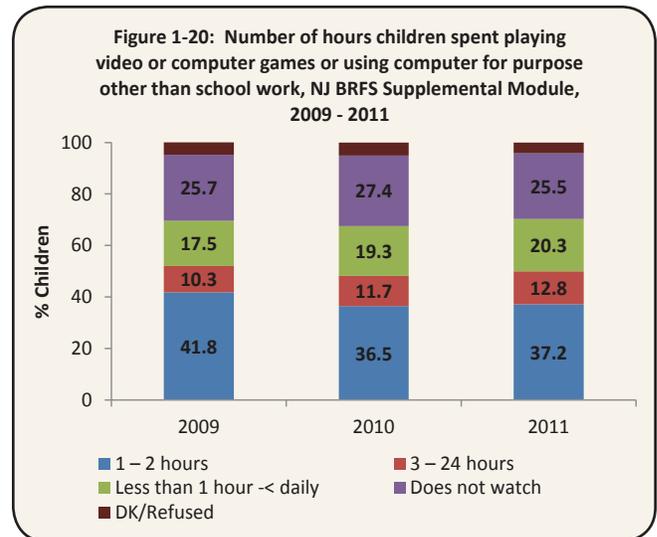
- The number of students who played video games or used the computer for purposes other than school work for three or more hours a day jumped for all grade levels in 2011 compared to 2009.
- Students in 9th grade (2009 = 31.1%; 2011 = 39.5%) were more likely to spend time on computer for purposes other than school work compared to other grades.

### Screen Time – Children (0 – 17 years)

(See Table A11 in Appendix A)



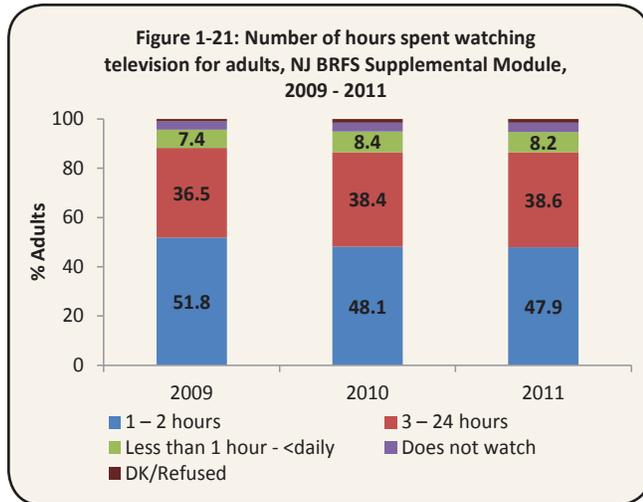
- More than half of children watched television for 1-2 hours per day. The percentage decreased in 2010 (50.6%) from 2009 (57.3%) but increased slightly in 2011 (52.5%).
- More than one-fourth watched television for three or more hours per day (2011 = 28.0%).
- The trend for spending time watching television was similar for all three years.



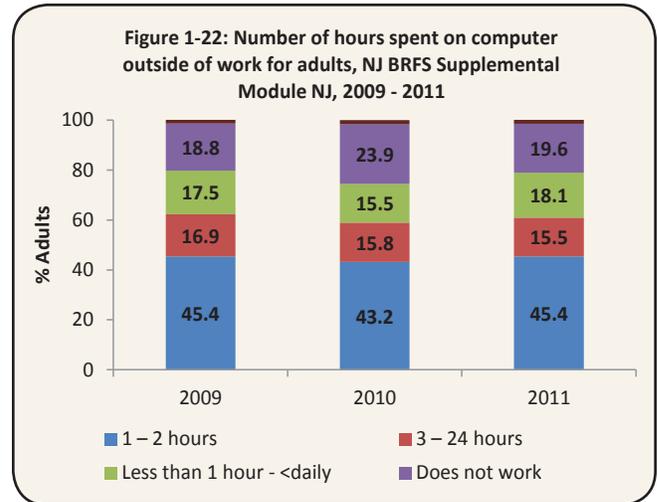
- In 2011, more than one-third (37.2%) of children reported playing video or computer games or using computer for a purpose other than school work. The percentage decreased in 2010 (36.5%) from 2009 (41.8%) but increased slightly in 2011 (37.2%).
- Nearly one fourth reported not playing video games or spending time on computer (2011 = 25.5%).
- The trend for spending time on video games and computer was similar for all three years.

## Screen Time – Adults

(See Table A12 in Appendix A)



- Less than half of the adults (2011 = 47.9%) reported spending 1 - 2 hours watching television or movies per day, whereas more than one third (2011 = 38.6%) reported watching for 3 – 24 hours each day.
- The trend for spending time watching television was similar for all three years.



- Less than half of the adults (2011 = 45.4%) reported spending 1 - 2 hours on the computer outside of work.
- Less than one fifth reported using the computer for less than 1 hour to less than daily (2011 = 18.1%) or not using it at all (2011 = 19.6%).
- The trend for using computer outside of work was similar for all three years.

### Data Gaps

Currently, there are no statewide publicly available data sets on engagement in physical activity and screen time for elementary and middle school students.

# Nutrition in New Jersey

## Data Sources:

- New Jersey Behavioral Risk Factor Annual Survey (NJ BRFS), 2007 - 2009
- High School Youth Risk Behavior Biennial Survey (YRBS)/New Jersey Student Health Survey, 2009 - 2011
- New Jersey Behavioral Risk Factor Survey (NJ BRFS) Supplemental Module (annual), 2009 - 2011

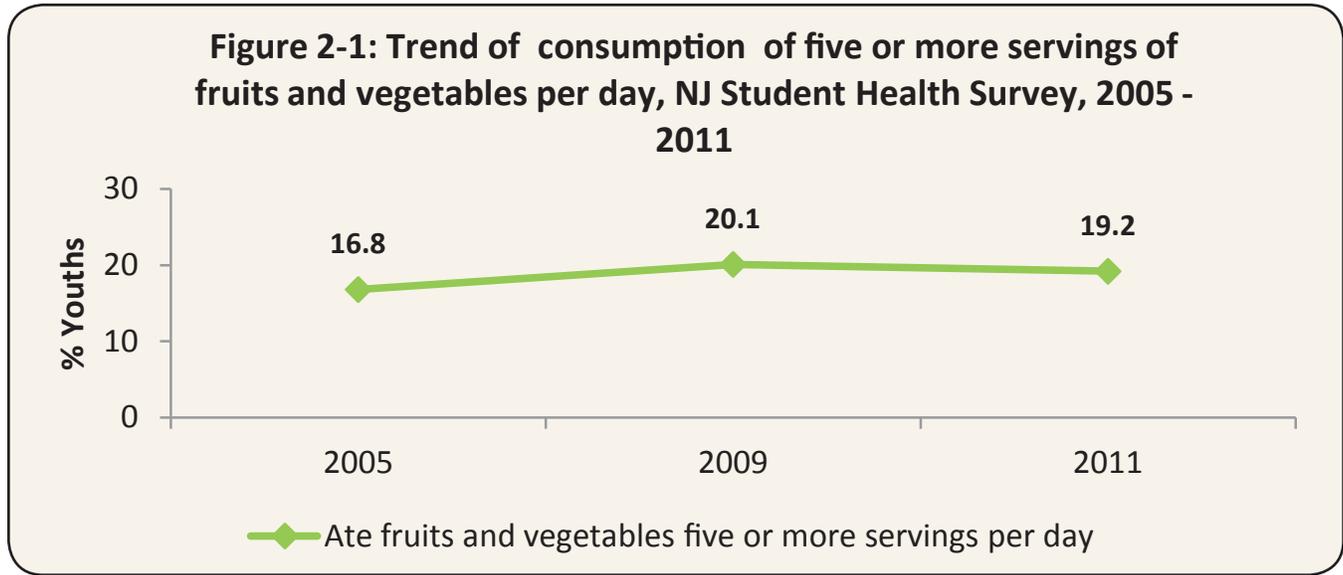


## ShapingNJ Objectives

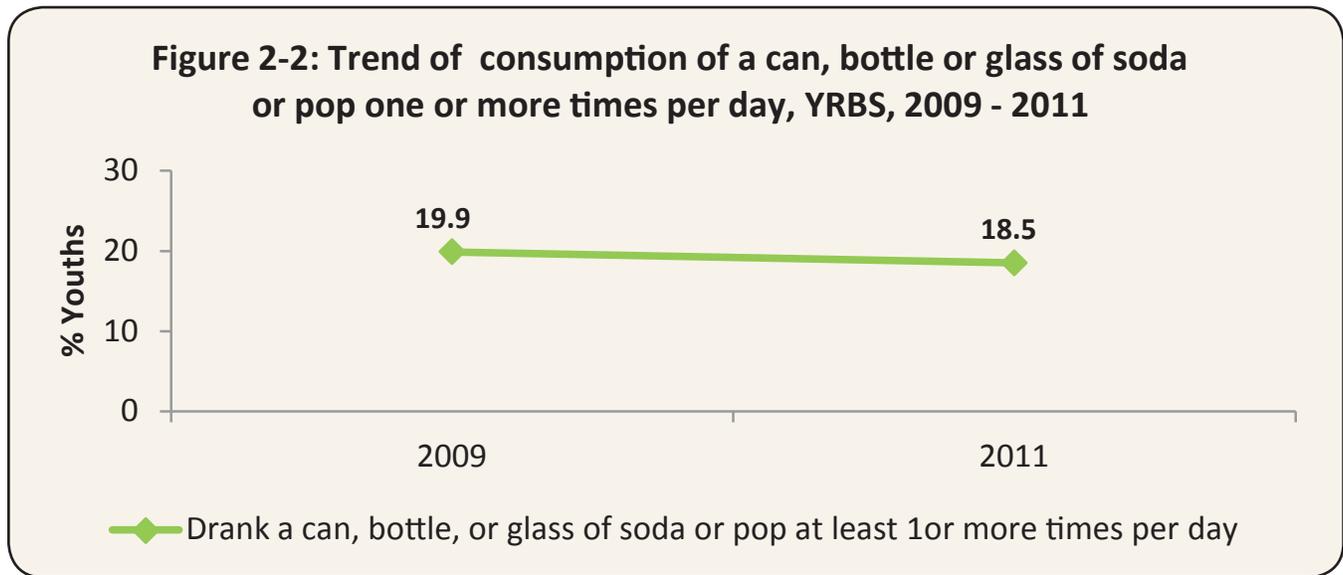
Long-term Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
2.1 By 2020, 29% of NJ adults and 22% of NJ high school students will consume five or more servings of fruits and vegetables per day	Percent of NJ adults who consumed fruits and vegetables 5 or more times per day	NJ BRFS (annual)  NJ Student Health Survey/ YRBS (biennial)	Adults - 26.4%  High School Students – 20.1%	10% improvement	NWS-14: Increase the contribution of fruits to the diets of the population aged 2 years and older NWS-15: Increase the variety and contribution of vegetables to the diets of the population aged 2 years and older. TSM = Evidence-based approach (compare baseline to USDA recommendations, past trends and potential shift)	NF-2a Increase the proportion of NJ adults that consume five or more servings of fruits and vegetables per day TSM = 10% improvement
2.4 By 2020, 13.9% of NJ high school students will drink soda one or more times per day in the previous 7 days	Percent of NJ high school students who drank soda one or more times per day in the past 7 days	NJ Student Health Survey/ YRBS (biennial)	19.9%	30% reduction based on expert opinion	NWS-17.2 Reduce consumption of calories from added sugars. TSM = Evidence-based	NF-5 Decrease the proportion of high school students (grades 9-12) who drank soda one or more times per day in the past 7 days TSM = Expert opinion

**Nutrition – High School Students (13 years old or younger – 18 years old or older)**

Trend – consumption of five or more servings of fruits and vegetables and drinking soda or pop one or more times per day (see Table B1 in Appendix B)



- The trend of fruit and vegetable consumption (5+ servings per day) increased in 2009 (20.1%) from 2005 (16.8%). The results in 2011 (19.2%) were similar to 2009.
- Overall, nearly one-fifth (2011 = 19.2%) of the students consumed five or more servings of fruits and vegetables per day during past seven days.

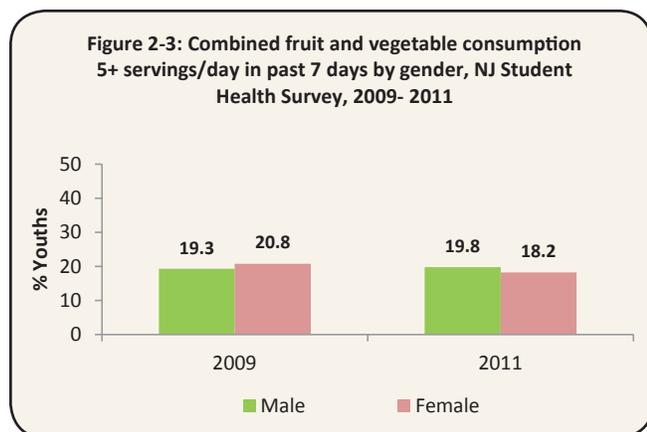


- In 2011, nearly one fifth (18.5%) of the students reported drinking soda or pop one or more times per day in the past seven days. This was similar to the number of students in 2009 (19.9%).

## Nutrition – High School Students by Demographic Characteristics

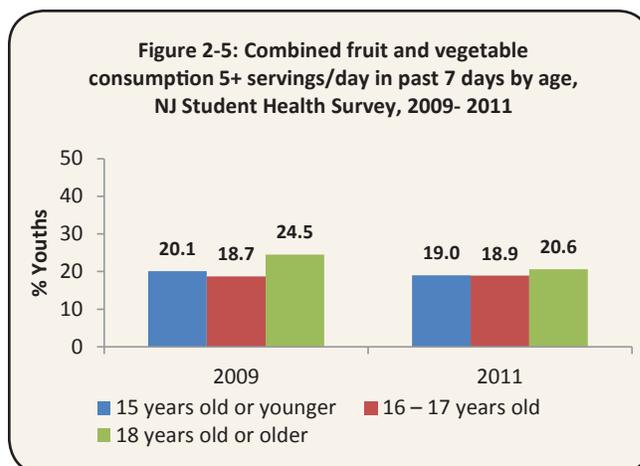
(See Tables B2 & B3 in Appendix B)

**Figure 2-3: Combined fruit and vegetable consumption 5+ servings/day in past 7 days by gender, NJ Student Health Survey, 2009- 2011**



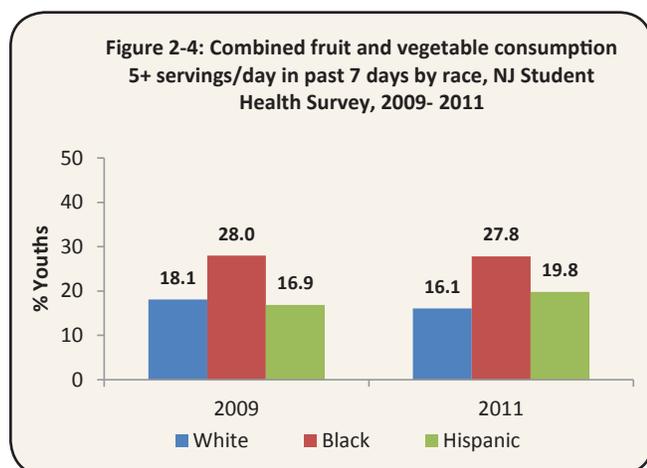
- The percentage of males and females consuming five or more servings of fruits and vegetables per day was similar in both the years.
- There were no notable differences in fruits and vegetables consumption by gender.

**Figure 2-5: Combined fruit and vegetable consumption 5+ servings/day in past 7 days by age, NJ Student Health Survey, 2009- 2011**



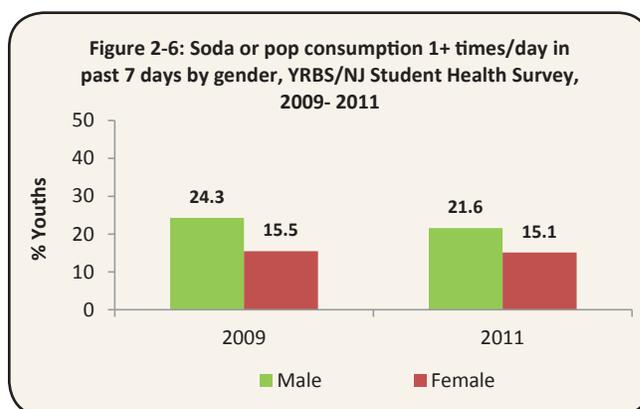
- In 2009, students 18 years old or older (24.5%) were more likely than younger students to consume five or more servings of fruits and vegetables per day.
- In 2011, the percentage of students consuming five or more servings of fruits and vegetables was similar for all three age groups (15 years old or younger, 16 – 17 years old and 18 years old or older).

**Figure 2-4: Combined fruit and vegetable consumption 5+ servings/day in past 7 days by race, NJ Student Health Survey, 2009- 2011**



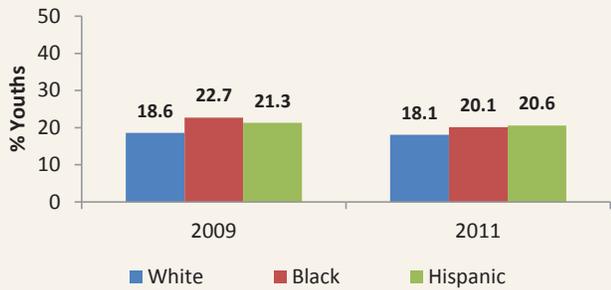
- More Black students reported consuming five or more servings of fruits and vegetables than White or Hispanic students in both 2009 (28.0%) and 2011 (27.8%).
- There was a slight decrease in consumption among White students in 2011 (16.1%) compared to 2009 (18.1%), whereas consumption increased among Hispanic students (2009 = 16.9%; 2011 = 19.8%).

**Figure 2-6: Soda or pop consumption 1+ times/day in past 7 days by gender, YRBS/NJ Student Health Survey, 2009- 2011**



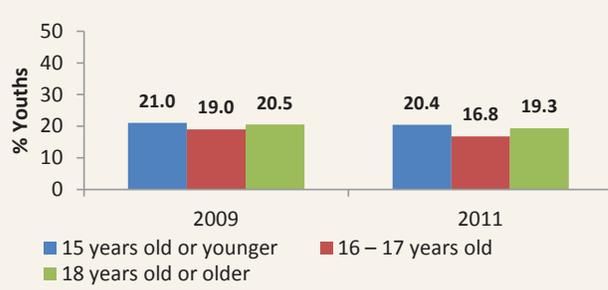
- Males were more likely than females to report drinking soda or pop one or more times a day for each of the past seven days. The trend was similar for both years.
- There was a slight decrease in number of males drinking soda or pop one or more times a day in 2011 (21.6%) compared to 2009 (24.3%).

Figure 2-7: Soda or pop consumption 1+ times/day in past 7 days by race, YRBS/NJ Student Health Survey, 2009- 2011



- There was little difference in consumption among different racial groups in both years.
- Overall, there was a slight reduction in soda or pop consumption in 2011 among all racial/ethnic groups compared to 2009.

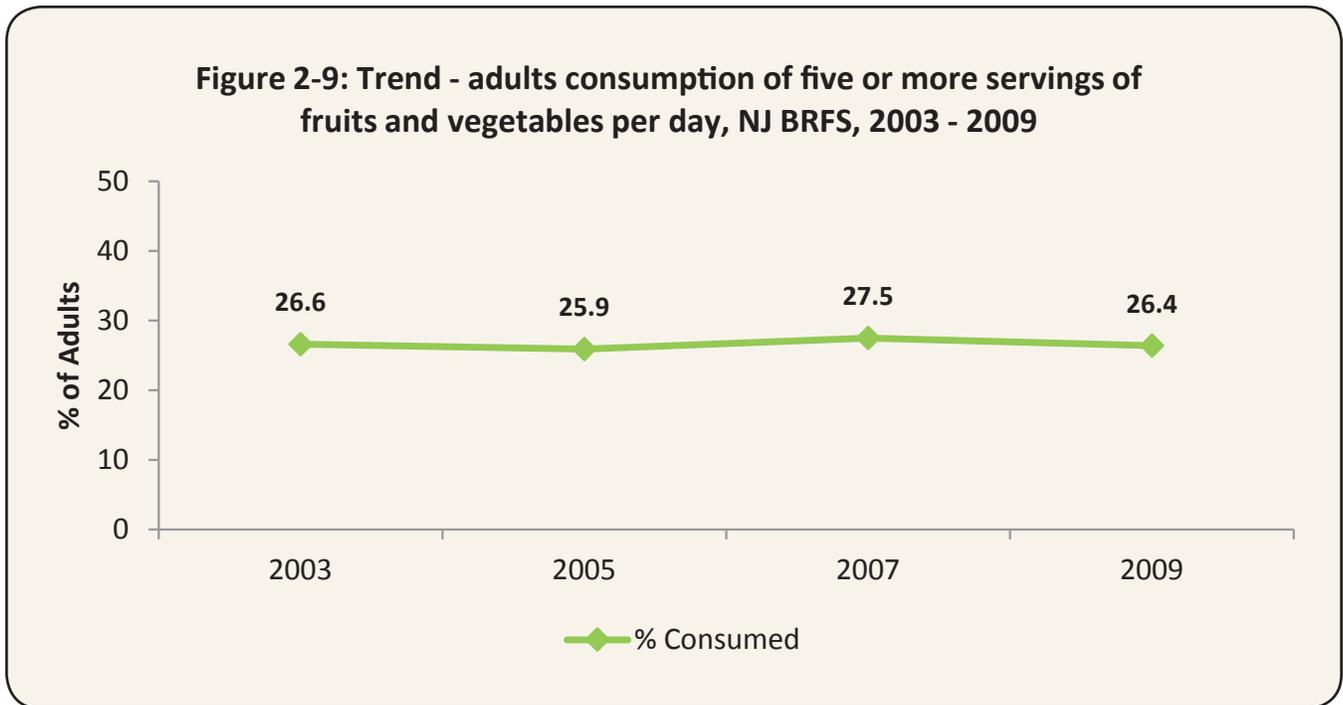
Figure 2-8: Soda or pop consumption 1+ times/day in past 7 days by age, YRBS/NJ Student Health Survey, 2009- 2011



- In 2011, consumption of soda or pop one or more times per day in past seven days decreased slightly for all age groups compared to 2009.
- In 2011, 16 – 17 years old (16.8%) were least likely to report drinking soda and pop when compared to the other age groups.

## Nutrition – Adults

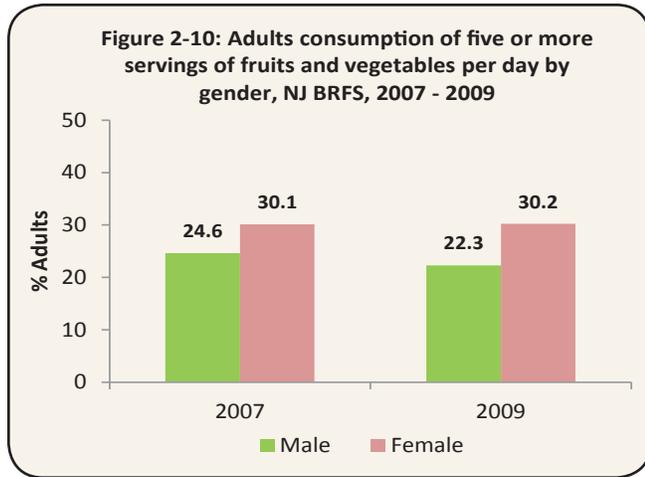
Trend – Adults consumption of five or more servings of fruits and vegetables per day (see Table B5 in Appendix B)



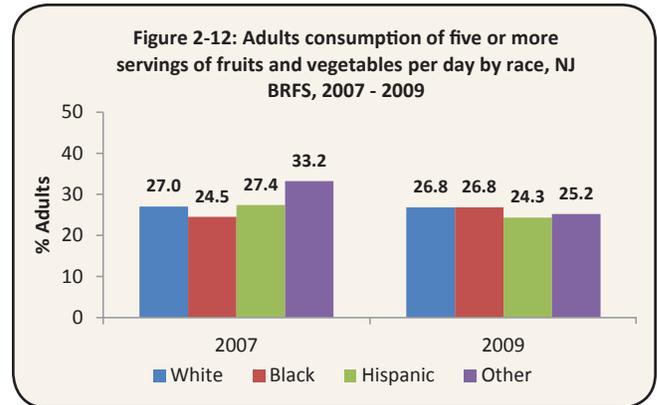
- More than one-fourth of adults (2009 = 26.4%) consumed five or more servings of fruits and vegetables per day. Fruits and vegetables consumption was similar for all the four years.

## Nutrition – Adults by Demographic Characteristics

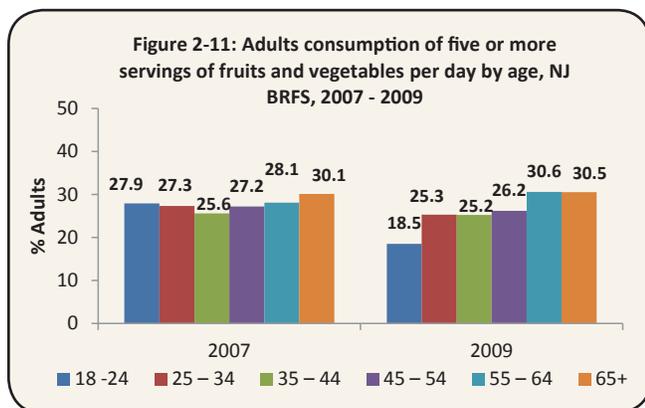
(See Table B6 in Appendix B)



- Females (2009 = 30.2%) were more likely to consume five or more servings of fruits and vegetables per day compared to males (2009 = 22.3%). The results were similar for both the years.
- In 2009, less than one-third (30.2%) of females and less than one-fourth of males (22.3%) reported consuming five servings.

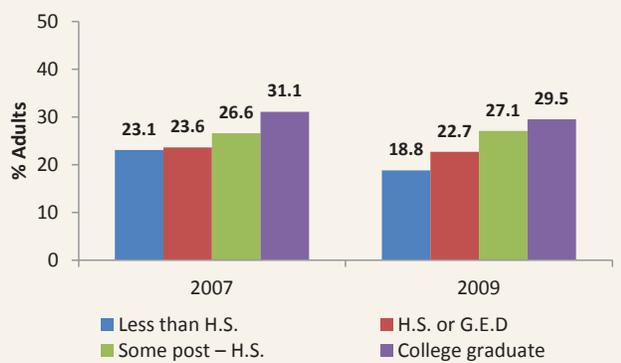


- Reported levels of fruit and vegetable consumption in 2009 were similar to 2007 for Whites, Blacks and Hispanic adults.
- More than one-fourth of adults in all racial/ethnic groups reported eating five or more servings of fruits and vegetables per day.
- Consumption of fruits and vegetables decreased among “Other” category in 2009 (25.2%) compared to 2007 (33.2%).



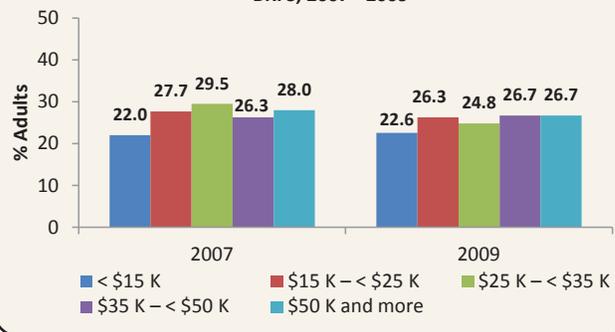
- In 2009, adults 18 – 24 years old (18.5%) were less likely to consume five or more servings of fruits and vegetables compared to other age groups.
- Fruits and vegetable consumption among 18 – 24 years old decreased notably in 2009 (18.5%) compared to 2007 (27.9%). There were no notable differences for all other age groups for both the years.

**Figure 2-13: Adults consumption of five or more servings of fruits and vegetables per day by education, NJ BRFS, 2007 - 2009**



- Reported percentages of adults consuming five or more servings of fruits and vegetables in 2009 were similar to 2007 for those with high school, post high school or college degree.
- Consumption of fruits and vegetables decreased slightly among adults with less than high school education in 2009 (18.8%) compared to 2007 (23.1%).
- In 2009, adults with college degree were most likely (29.5%) to consume five servings and those with less than high school (18.8%) were least likely.

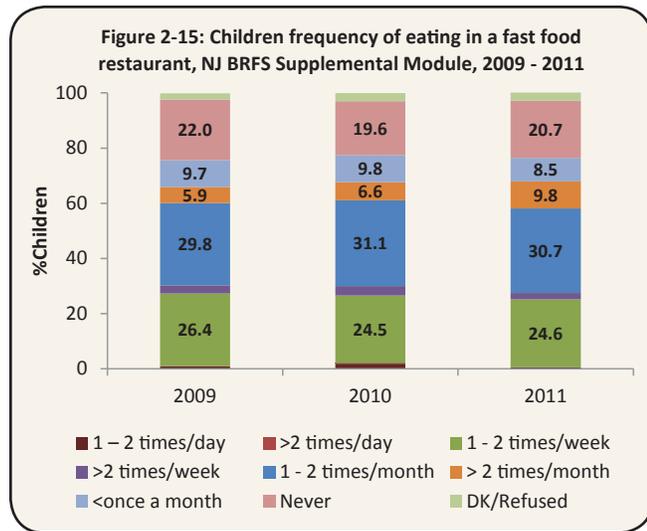
**Figure 2-14: Adults consumption of five or more servings of fruits and vegetables per day by income, NJ BRFS, 2007 - 2009**



- Reported levels of fruit and vegetable consumption in 2009 were similar to 2007 for all income levels except for adults earning \$25,000 - \$35,000.
- Consumption of fruits and vegetables decreased slightly among adults earning \$25,000 - \$35,000 in 2009 (24.8%) compared to 2007 (29.5%).
- In 2009, nearly one-fourth of adults from all income levels reported consuming five or more servings.

### Children (0 – 17 years) Frequency of Eating in a Fast Food Restaurant

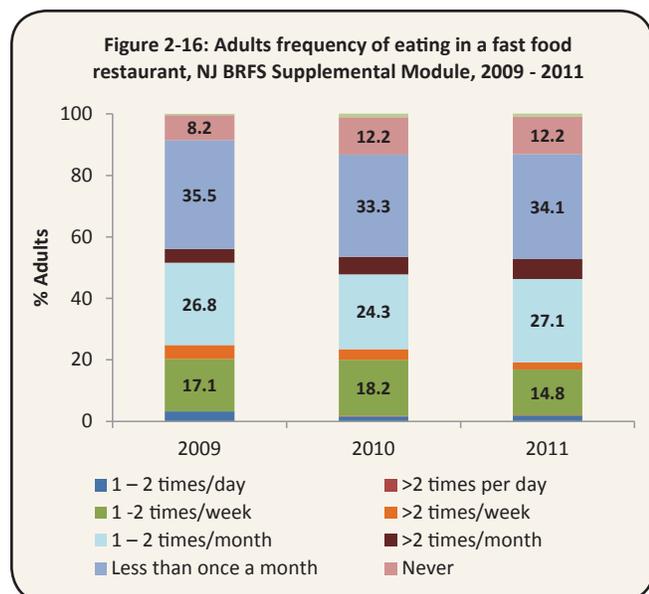
(See Table B7 in Appendix B)



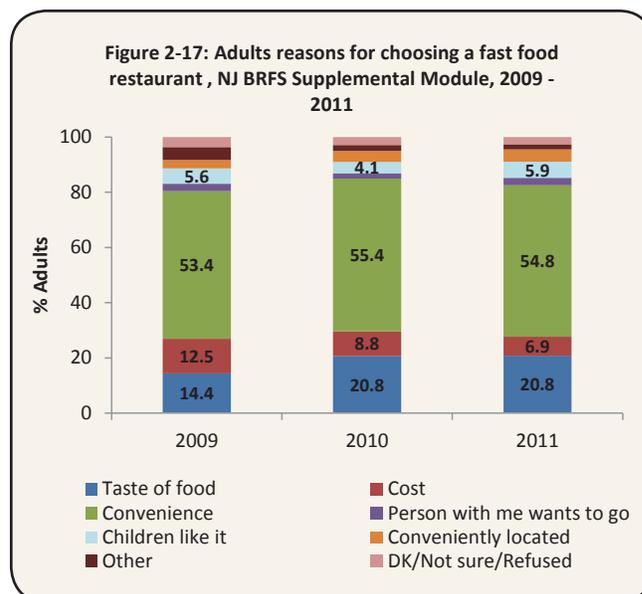
- More than one-fourth of children (2011 = 30.7%) ate 1 to 2 times per month in a fast food restaurant. In 2011, nearly one in 10 (9.8%) ate more than twice a month.
- Nearly one-fourth ate 1 to 2 times per week (2011 = 24.6%) in a fast food restaurant.
- Nearly one-fifth (2011 = 20.7%) reported never eating in a fast food restaurant.
- Reported frequency of eating in a fast food restaurant was similar for all three years.

## Adults Frequency of Eating in a Fast Food Restaurant

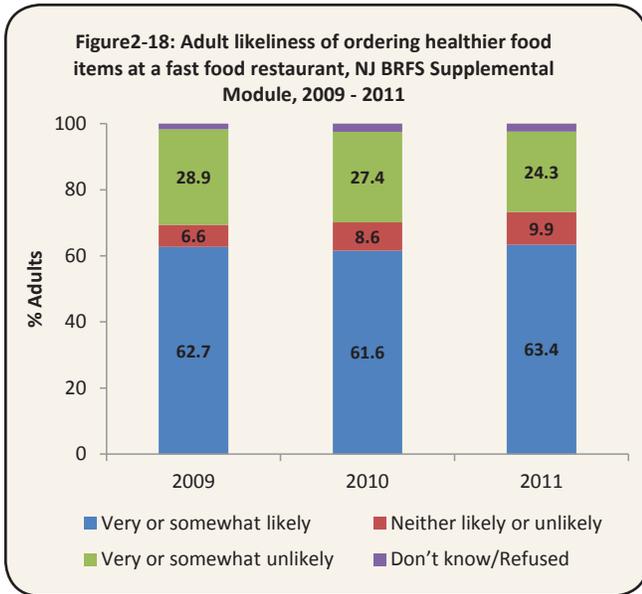
(See Table B8 in Appendix B)



- In 2011, more than one-fourth (2011 = 27.1%) of adults ate 1 to 2 times per month in a fast food restaurant.
- In 2011, more than one-third (2011 = 34.1%) of adults reported eating less than once a month.
- Less than one-fifth (2011 = 14.8%) reported eating 1 to 2 times per week in a fast food restaurant.
- In 2011, there was a small decrease in the frequency that adults ate at a fast food restaurant. The frequency of going 1 to 2 times per week (2010 = 18.2%; 2011 = 14.8%) to a fast food place decreased in 2011. There was a small increase in frequency of going 1 to 2 times per month (2010 = 24.3%; 2011 = 27.1%) from 2010.



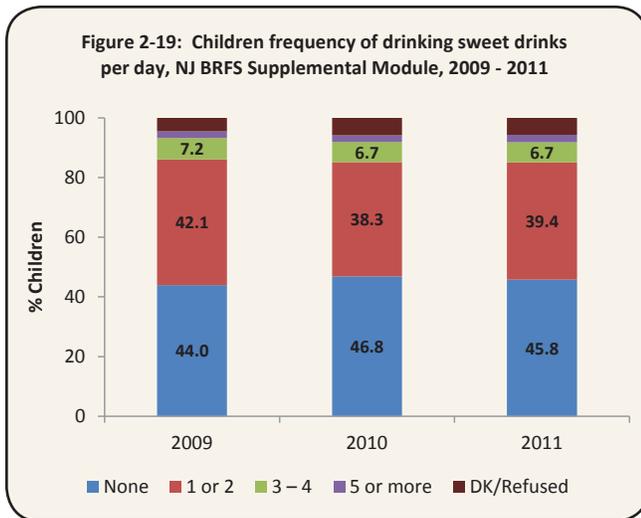
- More than half of the adults (2011 = 54.8%) reported “convenience” as the main reason for going to a fast food restaurant.
- One-fifth reported (2011 = 20.8%) “taste of the food” as the main reason. The number jumped in 2010 (20.8%) from 2009 (14.4%) but remained unchanged in 2011.
- The overall trend for main reasons for choosing a fast food restaurant was similar for all the three years.



- Less than two-thirds (2011 = 63.4%) of adults reported “very likely” or “somewhat likely” chances of ordering healthier food choices from the menu.
- Nearly one-fourth (2011 = 24.3%) reported low possibility of selecting healthier food items from the menu. The percentage of adults indicating a low possibility of ordering healthier choices decreased slightly in 2011 (24.3%) compared to 2009 (28.9%).

## Children (0 – 17 years) Frequency of Drinking Sweet Drinks Per Day

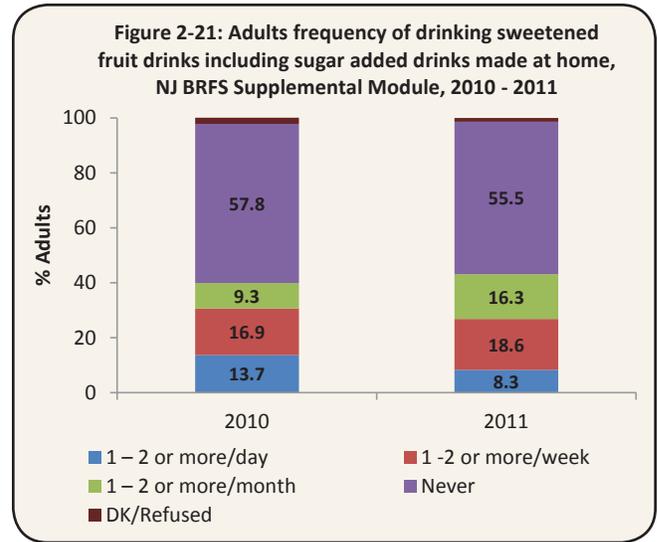
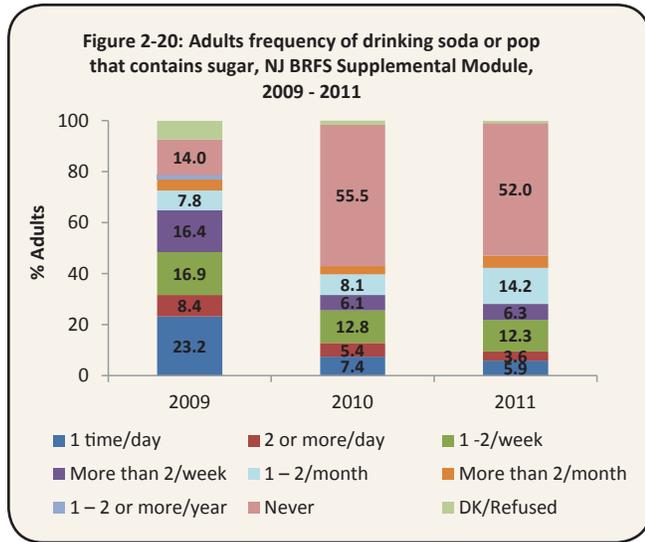
(See Table B7 in Appendix B)



- Less than half (2011 = 45.8%) reported not drinking any sweet drinks. This trend was similar for all the three years.
- More than one-third reported drinking 1 -2 drinks per day. There was a small decrease in 2010 (38.3%) from 2009 (42.1%) but remained virtually unchanged in 2011.
- A small number of children reported drinking sweet drinks 3 or more times per day.

## Adults Frequency of Drinking Sugar Sweetened Beverages

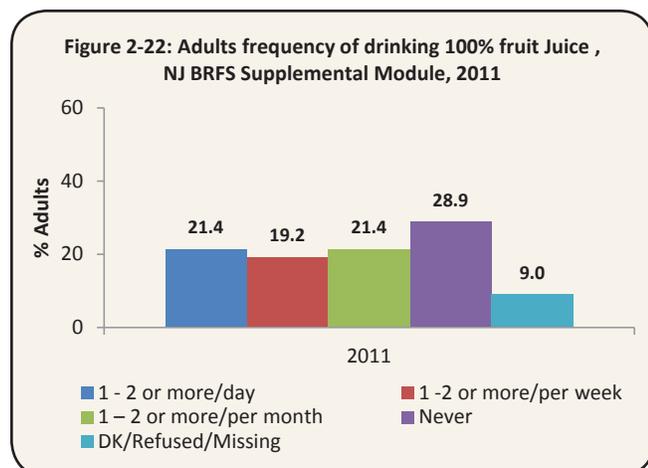
(See Table B9 in Appendix B)



- In 2011, more than half (52.0%) of respondents reported not drinking any soda or pop that contains sugar. The percentage jumped sharply in 2010 (55.5%) from 2009 (14.0%) but decreased slightly in 2011.
- The percentage of adults drinking soda or pop once a day decreased notably in 2011 compared to 2009 (2009 = 23.2%; 2010 = 7.4%; 2011 = 5.9%).
- Nearly twice the number of adults reported drinking soda or pop once or twice a month in 2011 (14.2%) compared to 2009 (7.8%).
- More than half of adults (2011 = 55.5%) reported not drinking any sugar sweetened fruit drinks including sugar added drinks made at home.
- The frequency of drinking sugar sweetened drinks 1 to 2 or more times per day decreased in 2011 (8.3%) compared to 2010 (13.7%).
- The percentage of adults drinking sugar sweetened drinks 1-2 or more per month increased in 2011 (16.3%) compared to 2010 (9.3%).

## Adults Frequency of Drinking 100% Fruit Juice

(See Table B10 in Appendix B)



- More than one-fourth (28.9%) of the adults reported “never” drinking 100% fruit juice.
- Nearly one-fifth reported drinking 1 to 2 or more time per day (21.4%); or 1 to 2 or more times per week (19.2%); or 1 to 2 or more times per month (21.4%).

### Data Gaps

Currently, there are no statewide publicly available data sets on consumption of fruits and vegetables and sugar sweetened beverages for elementary and middle school students.



## Breastfeeding and Quality of Maternal Care

### Data Sources:

- Centers for Disease Control and Prevention National Immunization Survey (NIS), 2004 - 2009
- Centers for Disease Control and Prevention Maternity Practices in Infant Nutrition and Care (mPINC) survey, 2007 - 2009
- Baby-Friendly™ Hospital Initiative USA: Baby-Friendly™ Hospitals and Birthing Centers, 2012

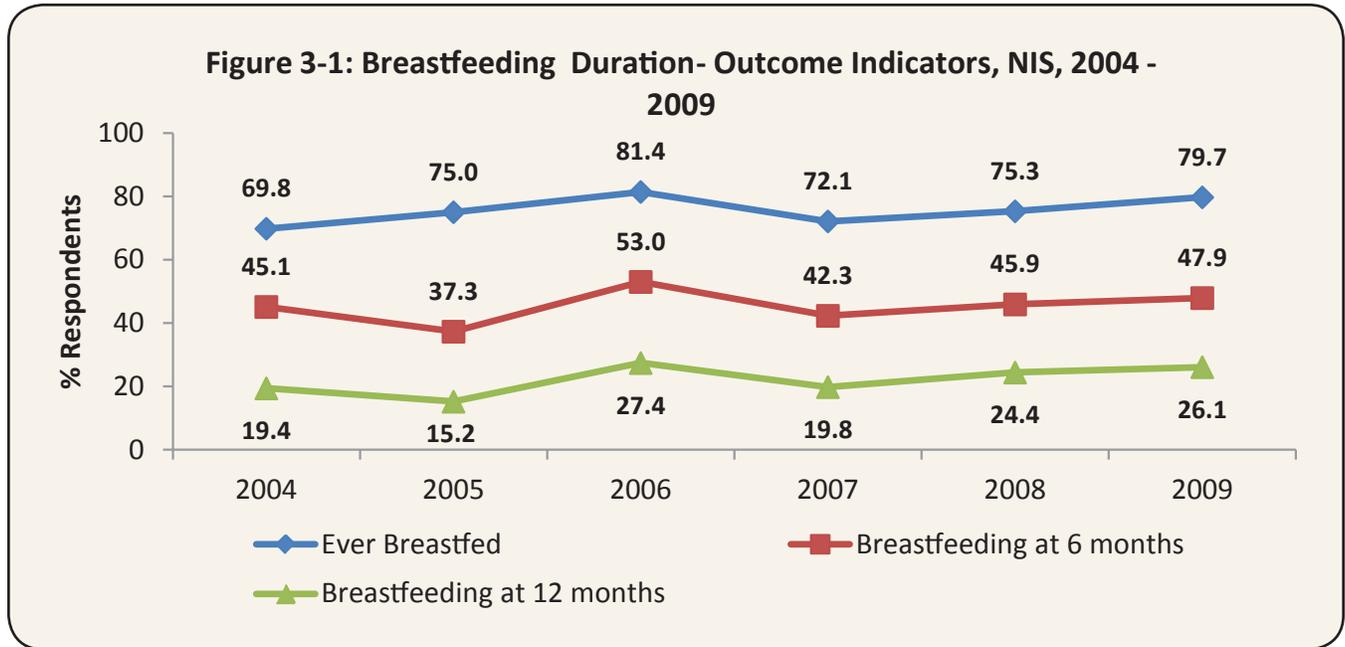


### ShapingNJ Objectives

Long-term Objectives						
Objectives	Indicator	Data source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
2.2 By 2020, the proportion of infants ever breastfed will increase to 85%	Percent of NJ infants ever breastfed	NIS (annual)	72.1%, 2007	Expert opinion	MICH-21.1 Increase the proportion of infants who are breastfed ever TSM = Modeling/projection (~10%)	MCH-8a Increase the proportion of infants who are ever breastfed TSM = Expert opinion
2.3 By 2020, the proportion of infants breastfed exclusively through 6 months will increase to 20%	Percent of NJ infants breastfed exclusively at least 6 months	NIS (annual)	10.0%, 2007	Expert opinion	MICH-21.5 Increase the proportion of infants who are breastfed exclusively through 6 months TSM = Modeling/projection (~70%) 13.6% (2006) to 23.7% (2020)	MCH-8b Increase the proportion of infants who are breastfed exclusively through 6 months TSM = Expert opinion
Intermediate Objectives						
2.14 By 2015, at least 20 delivery facilities will achieve Baby-Friendly™ status	Number of NJ hospitals with Baby-Friendly™ status	Baby-Friendly™ Hospital Initiative USA: Baby-Friendly™ Hospitals and Birthing Centers (annual)	0, 2010	Projection		MCH-11 Increase the percentage of NJ delivery facilities that provide maternal and newborn care consistent with the WHO/UNICEF Ten Steps to Successful Breastfeeding TSM = Projection (2020 target of 50%)
2.15 By 2015, maternity quality practices will meet or exceed the national average	NJ Composite Quality Practice Score	mPINC (biennial)	60, 2007	Projection	MICH-24 Increase the proportion of live births that occur in facilities that provide recommended care for lactating mothers and their babies TSM = modeling/projection (Breastfeeding Report Card)	

### Breastfeeding Rates – Outcome Indicators

There are five indicators that outline the extent to which infants are breastfed (See Table C1 in Appendix C).



- The trend for all three indicators “ever breastfed,” “breastfeeding at 6 months,” and “breastfeeding at 12 months” was similar for all the years. The percentage for all three indicators dropped in 2007 from 2006 and then increased again in 2008. The upward trend continued in 2009.
- In 2009, four-fifths (79.7%) of infants were reported to be ever breastfed or fed breast milk. The percentage of infants ever breastfed decreased in 2007 (72.1%) from 2006 (81.4%) but increased notably in 2009 (79.7%).
- In 2009, less than half of infants (47.9%) were reported to be breastfed at six months of age and more than one-fourth (26.1%) were breastfed at 12 months.

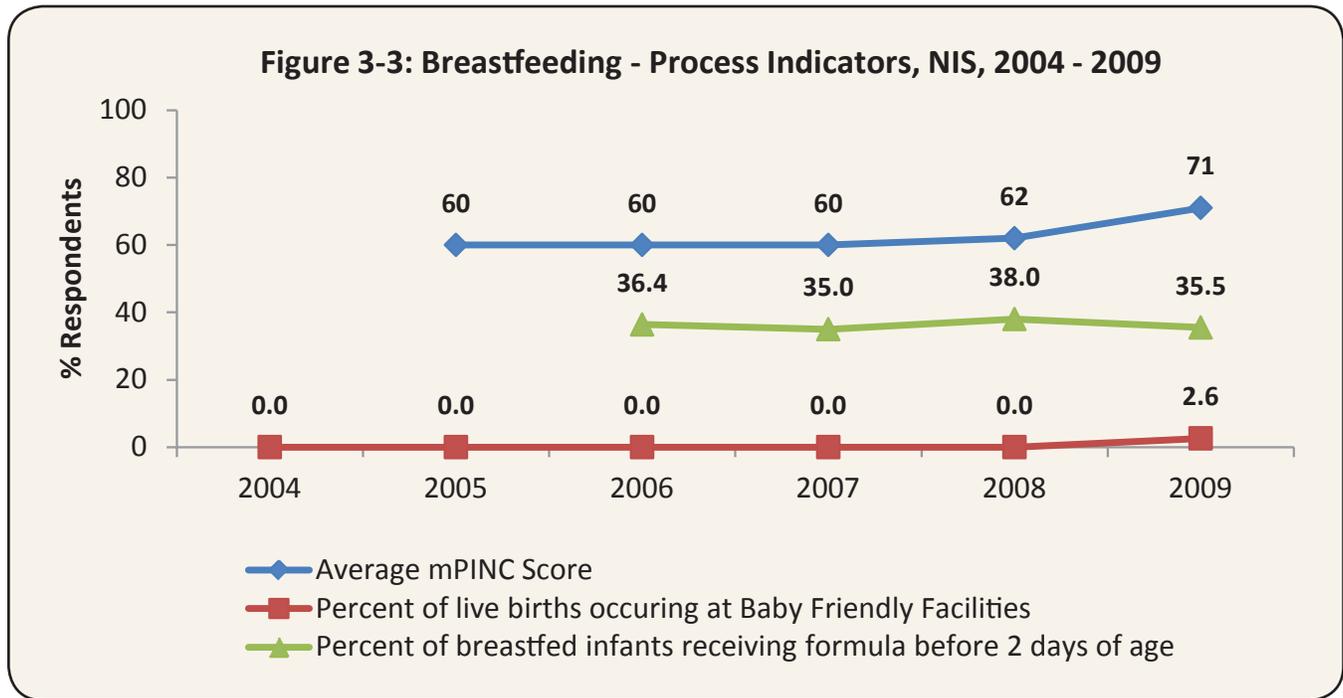
**Figure 3-2: Exclusive Breastfeeding - Outcome Indicators, NIS, 2004 - 2009**



- In 2009, one-third (33.0%) of infants were reported to be exclusively breastfed (only breast milk – no solids, water or any other liquids) through three months of age. The percentage increased notably from 2008 (26.8%).
- Overall, less than one-fifth (16.1%) of infants were reported to be exclusively breastfed through six months of age in 2009. The percentage jumped in 2009 from 2008 (10.3%) level.

### Breastfeeding Rates – Process of Care Indicators

There are nine indicators that measure breastfeeding support from birth facilities, health professionals, state legislation, and public infrastructure (public facilities and services) (See Table C2 in Appendix C).



- In 2009, the New Jersey mPINC Composite Quality Practice Score was 71. The score increased notably from 2008 level (62).
- The Baby-Friendly Hospital Initiative (BFHI) is a global program sponsored by the World Health Organization (WHO) and the United Nations Children’s Fund (UNICEF) to encourage and recognize hospitals and birthing centers that offer an optimal level of care for lactation based on the WHO/UNICEF Ten Steps to Successful Breastfeeding for Hospitals. Hospitals need to meet all of the Ten Steps requirements to be designated Baby-Friendly. So far, there are four Baby-Friendly designated hospitals in New Jersey –
  - ✓Capital Health Medical Center - Hopewell
  - ✓South Jersey Healthcare Elmer Hospital
  - ✓CentraState Medical Center
  - ✓Jersey Shore University Medical Center
 Overall, 2.6% of live births occurred at Baby-Friendly facilities in 2009.
- In 2009, more than one-third (35.5%) of breastfed infants received formula before 2 days of age. The percentage decreased slightly from 2008 (38.0%).

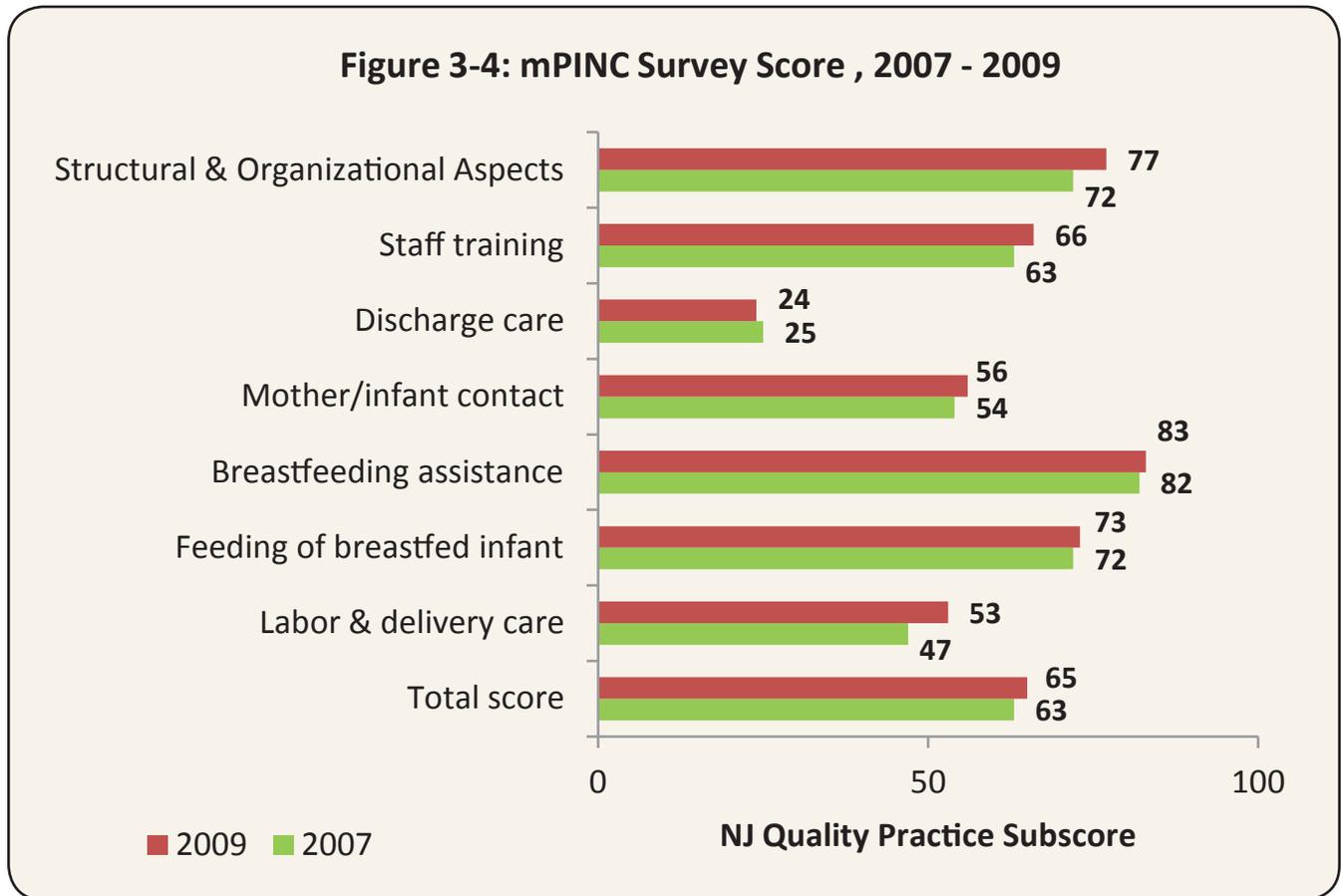
<b>Table 3-1: Process indicators - Breastfeeding rates, NIS, 2004 - 2009</b>						
	<b>2004</b>	<b>2005</b>	<b>2006</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Number of La Leche League Leaders per 1,000 live births	<b>0.4</b>	<b>0.4</b>	<b>0.4</b>	-	<b>1.5</b>	<b>1.4</b>
Number of IBCLCs* per 1,000 live births	<b>2.2</b>	<b>2.3</b>	<b>2.2</b>	<b>2.4</b>	<b>2.7</b>	<b>3.0</b>
Number of state health department FTEs** dedicated to breastfeeding	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.0</b>	<b>2.5</b>	<b>2.5</b>
- no data available *IBCLC - International Board Certified Lactation Consultant. **FTE - Full-Time Equivalent La Leche League (LLL) is an organization of trained and accredited volunteer mothers who provide support and help to pregnant and breastfeeding mothers.						

- La Leche League (LLL) is an organization of trained and accredited volunteer mothers who provide support and help to pregnant and breastfeeding mothers. This support is provided through group meetings, online, via telephone and partnership efforts throughout their communities. In 2009, there were 1.4 LLL Leaders per 1,000 live births.
- International Board Certified Lactation Consultants (IBCLCs) are health professionals who specialize in the clinical management of breastfeeding. IBCLCs work in many health care settings, such as hospitals, birth centers, physicians' offices, public health clinics, and their own offices. Availability is measured by the ratio of IBCLCs to the number of live births. In 2009, there were 3.0 IBCLCs per 1,000 live births.
- State health departments are responsible for the public health and welfare of women and children. Among their many responsibilities, employees in these agencies help ensure appropriate consideration of breastfeeding in public programs and services. In 2009, 2.5 state health department FTEs were dedicated for the protection, promotion, and support of breastfeeding.

### Maternity Practices in Infant Nutrition and Care (mPINC)

The state mPINC score represents several aspects of evidence-based maternity care on a scale of 0 to 100 with regard to: labor and delivery care, feeding of breastfed infants, prenatal and postpartum breastfeeding assistance, mother-baby postpartum care, facility discharge care,

staff training, and structural and organizational aspects of care delivery (this represents the extent to which each state’s birth facilities provide maternity care that supports breastfeeding). (See Table C3 in Appendix C).



- The New Jersey Quality Practice subscore was highest for breastfeeding assistance (2007 = 82; 2009 = 83).
- The New Jersey Quality Practice subscore was lowest for facility discharge care (2007 = 25; 2009 = 24).

## Child Care Centers and Schools

### Data Sources:

- The New Jersey Department of Children and Families – Manual of Requirements for Child Care Centers (N.J.A.C. 10:122) – effective August 6, 2009 to August 6, 2014.
- The New Jersey Office of Licensing Database, June 1, 2012
- Centers for Disease Control and Prevention School Health Profiles, 2008 - 2010
- United States Department of Agriculture(USDA) Food and Nutrition Service (FNS), School Breakfast Program, 2007 – 2011



### ShapingNJ Objectives

Intermediate Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
<i>1.6 By 2015, NJ will have child care licensing regulations requiring children to engage in vigorous or moderate physical activity</i>	State regulation that specifies that children will be engaged in moderate or vigorous physical activity in licensed, regulated child care centers	National Resource Center for Health and Safety in Child Care and Early Education	No, 2010	Passage of revised licensing regulations	PA-9.2 Increase the number of States with licensing regulations for physical activity provided in child care that require children to engage in vigorous or moderate physical activity. TSM = 1 state per year for each measure	
<i>1.7 By 2015, at least 33 percent of licensed child care centers will be re-licensed under the new physical standards</i>	Number of child care centers that underwent license renewal after standards are enacted	NJ Office of Licensing	0, 2009	1/3 of all child care centers to receive renewed licenses		
<i>2.5 By 2015, NJ will have nutrition standards that follow federal standards for foods and beverages provided to children in licensed child care centers</i>	State regulation that sets nutrition standards for foods and beverages in licensed, regulated child care centers	National Resource Center for Health and Safety in Child Care and Early Education	No, 2010	Passage of revised licensing regulations	NWS-1 Increase the number of States with nutrition standards for foods and beverages provided to preschool-aged children in child care TSM = 1 state per year	
<i>2.6 By 2015, at least 33 percent of licensed child care centers will be re-licensed under the new nutrition standards</i>	Number of child care centers that underwent license renewal after standards are enacted	NJ Office of Licensing	0, 2009	1/3 of all child care centers to receive renewed licenses		

### Child Care Centers

- Overall, there are 4,151 licensed child care centers in New Jersey with a total child care capacity for 353,100 children (June, 2012).
- All licensed child care centers are required to provide access to drinking water throughout the day.
- Early childhood programs that provide meals need to ensure -
  - ✓breakfast includes fruits, vegetables or fruit or vegetable juice, enriched whole grain bread, a bread product or cereal and/or a protein alternative.
  - ✓lunch and dinner for each child include meat, poultry, fish or a protein alternative; fruits or vegetables, bread or bread products; and milk, juice or water;
  - ✓snack includes one juice, milk or fruit and one food supplement selected from the lunch and dinner choices except on special occasions, such as holidays and
  - ✓milk is served at least once a day.
- The current regulations do not restrict sugary drinks in the child care centers.
- There is no regulation that specifies that children will be engaged in moderate or vigorous physical activity in licensed, regulated child care centers.
- There is no regulation to limit screen time for children.
- There is no regulation that supports and promotes breastfeeding among mothers whose infants are cared for in these facilities.

### The School Health Profile

Intermediate Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
<i>1.15 By 2015, 82% of NJ high schools will teach specific health education lessons related to physical activity and the relationship to optimal health</i>	Percent of high schools that taught all 12 physical activity topics in a required course included in School Health Profiles	School Health Profiles (biennial)	61.2%, 2008	21 percentage point increase (NJ PE #6 School Level Improvement Measure)		
<i>2.9 By 2015, 163,000 students will be enrolled in the NJ school breakfast program</i>	Number of NJ school breakfast participants	Food and Nutrition Service	155,224, 2008	5% improvement (1/2 of HP 2020 target improvement)	AH-6 Increase the proportion of schools with a school breakfast program TSM = 10% improvement	

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Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
<i>2.10 By 2015, at least 35% of NJ schools will allow students to purchase fruits and vegetables</i>	Percent of NJ schools that allow students to purchase fruits and non-fried vegetables	School Health Profiles (biennial)	33.0%, 2008	6% improvement (1/2 of HP 2020 target improvement)	NWS-2.2 Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold TSM = 12% improvement (SHPPS)	
<i>2.11 By 2015, 48% of NJ schools will offer fruits and vegetables at school celebrations</i>	Percent of NJ schools that offer fruits and non-fried vegetables at school celebrations	School Health Profiles (biennial)	45.8%, 2008	6% improvement (1/2 of HP 2020 target improvement)	NWS-2.2 Increase the proportion of school districts that require schools to make fruits or vegetables available whenever other food is offered or sold TSM = 12% improvement (SHPPS)	
<i>2.12 By 2015, 10% more schools will have school wellness teams and will implement healthy eating strategies</i>	Percent of NJ schools that have a school health council, committee, or teams (including youth advisory groups) that offers guidance on the development of policies or coordinates activities on health topics	School Health Profiles (biennial)	39.0%, 2008	10% improvement		
<i>2.13 By 2015, 44% of NJ schools will promote healthy eating through pricing initiatives, food preference suggestions, information sharing, and taste tests</i>	Percent of NJ schools that implement at least 3 of the 5 following strategies: <ul style="list-style-type: none"> <li>price nutritious foods and beverages at a lower cost</li> <li>collect suggestions on nutritious food preferences and strategies</li> <li>provide information on the nutrition and caloric content of foods</li> <li>conduct taste tests</li> <li>provide opportunities to learn about nutrition-related topics</li> </ul>	School Health Profiles (biennial)	34.0%, 2008	10 percentage point improvement (NJ Nutrition School Level Improvement Measure)		

## School Breakfast Program

(See Table 4-1 below)

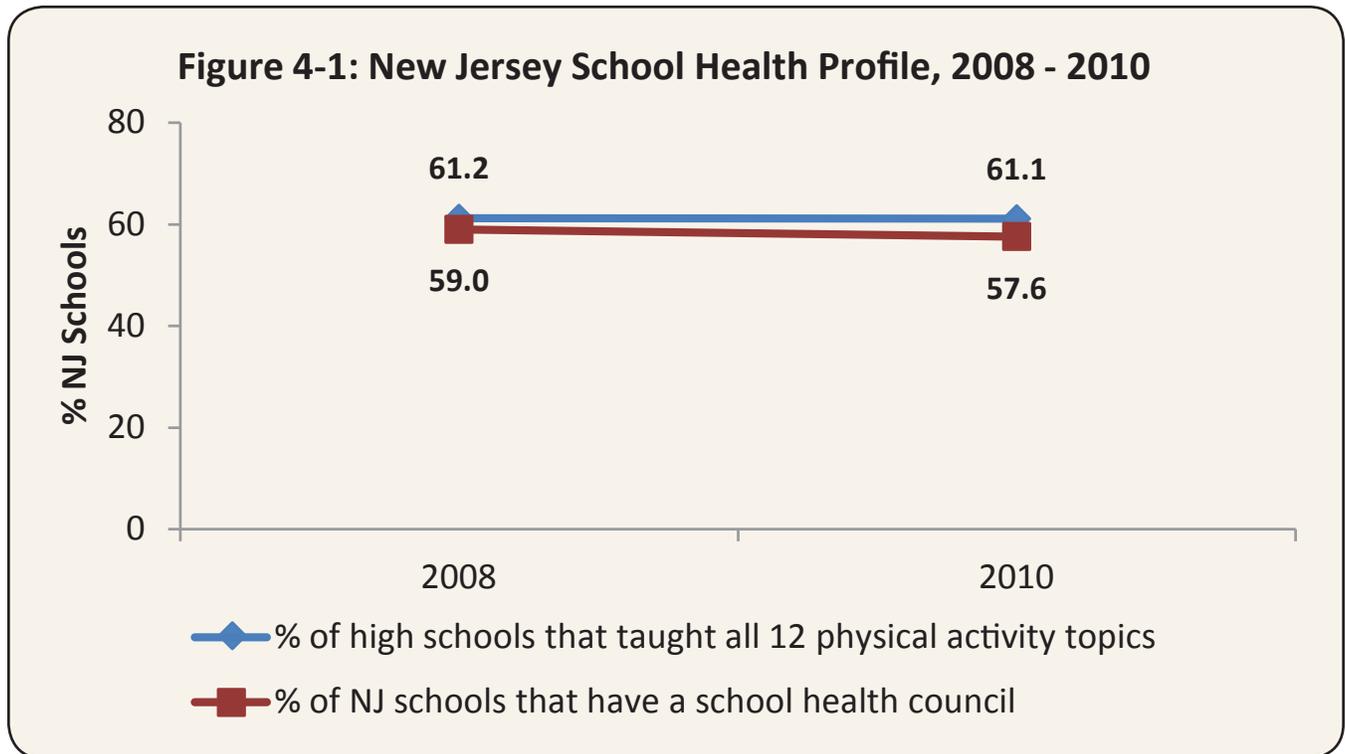
<b>Table 4-1: Participation in school breakfast program in New Jersey, USDA FNS, 2007 - 2011</b>					
	<b>FY 2007</b>	<b>FY 2008</b>	<b>FY 2009</b>	<b>FY 2010</b>	<b>FY 2011</b>
Total breakfasts served	27,582,898	28,832,564	29,432,854	31,165,360	32,847,085
Total children breakfast participation	148,680	155,224	172,440	181,185	189,688

Participation has slowly grown over the years -

- The total number of breakfast served increased from 27 million in 2007 to 32 million in 2011.
- The total number of children participating increased from 148,680 in 2007 to 189,688 in 2011 thus meeting ShapingNJ intermediate objective that by 2015, 163,000 students will be enrolled in the NJ school breakfast program.

## Health Education and School Wellness Councils

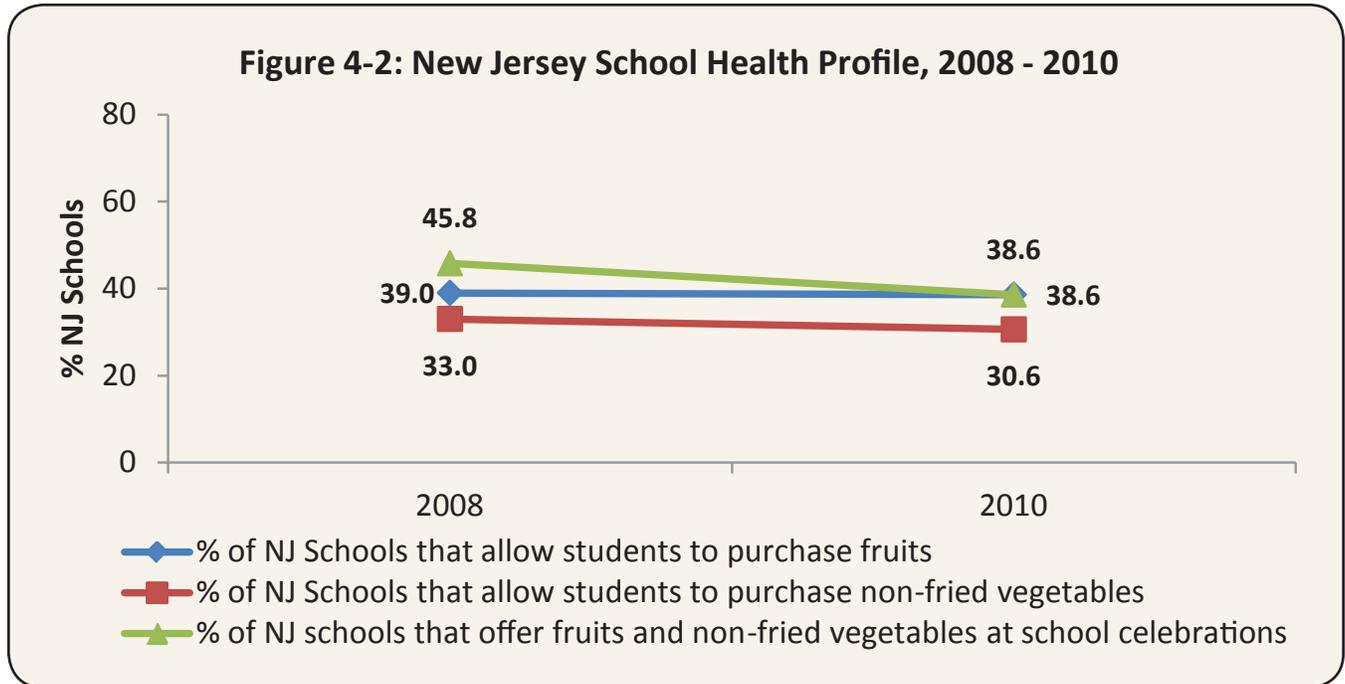
(See Table D1 in Appendix D)



- In 2010, 61.1 % schools taught all 12 physical activity topics in a required course. The number of schools teaching all 12 physical activity topics remained unchanged between 2008 (61.2%) and 2010 (61.1%).
- More than half (57.6%) of NJ schools reported to have a school health council, committee, or teams (including youth advisory groups) that offer guidance on the development of policies or coordinate activities on health topics. The percentage decreased slightly from 2008 (59.0%).

## School Nutrition Related Policies and Practices

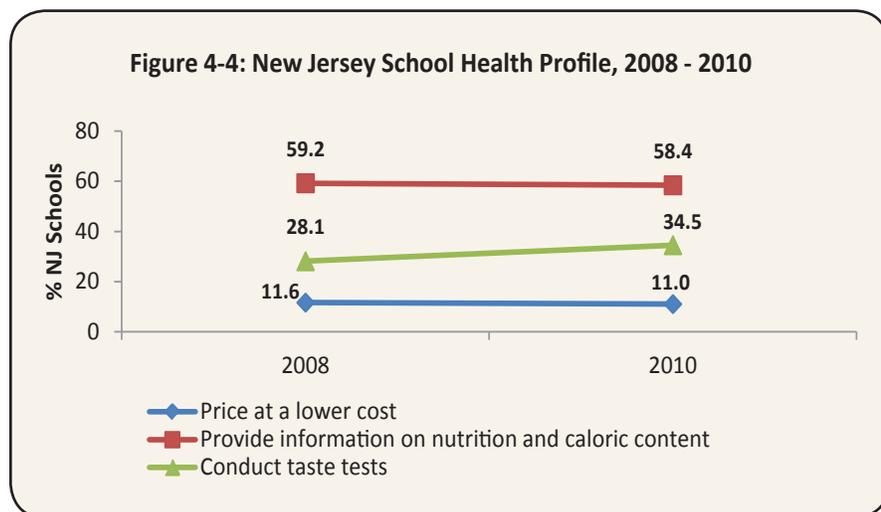
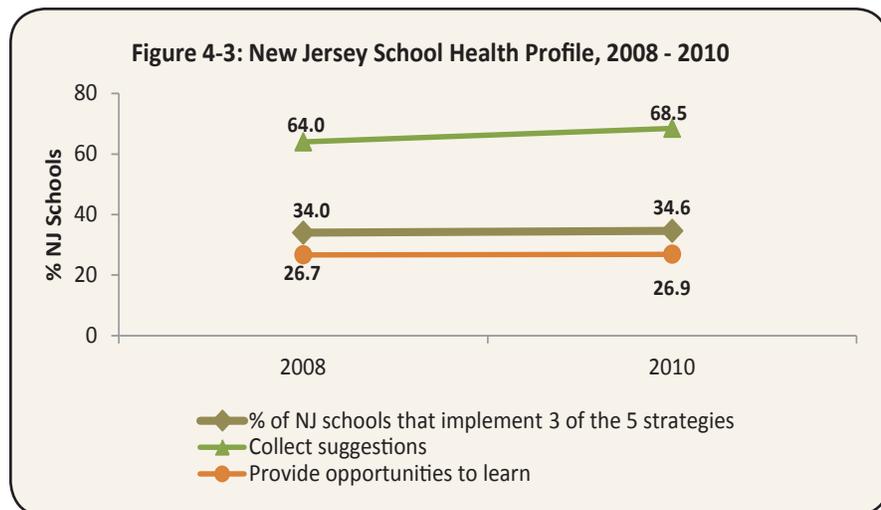
(See Table D1 in Appendix D)



- In 2010, more than one-third (38.6%) of schools allowed students to purchase fruits (not fruit juice) from vending machines or at school store, canteen, or snack bar. The percentage of schools allowing students to purchase fruits remained same for both the survey years.
- Less than one-third (30.6%) of schools allowed students to purchase non-fried vegetables (not vegetable juice) from vending machines or at the school store, canteen, or snack bar in 2010. The percentage decreased slightly in 2010 compared to 2008 (33.0%).
- In 2010, more than one-third (38.6%) of schools always or almost always offered fruits or non-fried vegetables when other foods and beverages were offered at school celebrations. The percentage decreased notably in 2010 compared to 2008 (45.8%).

## School Strategies to Promote Healthy Eating

(See Table D2 in Appendix D)



- Overall, one in 10 schools priced nutritious foods and beverages at a lower cost while increasing the price of less nutritious foods and beverages. The percentage remained virtually unchanged between 2008 (11.6%) and 2010 (11.0%).
- In 2010, more than two-third schools (68.5%) collected suggestions from students, families, and school staff on nutritious food preferences and strategies to promote healthy eating. The percentage increased slightly in 2010 from 2008 (64.0%).
- More than half of the schools provided information to students or families on the nutrition and caloric content of foods available. Reported number of schools remained similar for both the survey years (2008 = 59.2%; 2010 = 58.4%).
- In 2010, more than one-third schools (34.5%) conducted taste tests to determine food preferences for nutritious items. The number of schools conducting taste tests jumped up in 2010 compared to 2008 (28.1%).
- In 2010, more than one-fourth (26.9%) of schools provided opportunities for students to visit the cafeteria to learn about food safety, food preparation, and other nutrition-related topics. The percentage remained virtually unchanged from 2008 (26.7%).
- More than one-third of schools (34.6%) implemented at least 3 of these 5 strategies during the 2009 - 2010 school year. This was similar to 2007 - 2008 school year (34.0%).



# Policies and Environment Supporting Physical Activity and Nutrition

Data Sources:

- New Jersey Behavioral Risk Factor Survey (NJ BRFS) Supplemental Module (annual), 2009 - 2011
- Complete Streets in New Jersey: A Compilation of State, County and Municipal Policies, August, 2012
- Safe Routes to School Resource Center, Alan M. Voorhees Transportation Center, 2007 - 2009
- Centers for Disease Control and Prevention, Children’s Food Environment State Indicator Report, 2011
- Centers for Disease Control and Prevention, State Indicator Report on Fruits and Vegetables, 2009
- The Community Food Security Coalition (CFSC)’s National Food Policy Council (FPC) Program, May 2012
- The United States Department of Agriculture’s Agricultural Marketing Service, Farmers Markets and Local Food Marketing, June, 2012
- New Jersey Chapter Law No. A2854
- The Children’s Food and Beverage Advertising Initiative in Action: Report on Compliance and Implementation, April, 2012



## ShapingNJ Objectives

Intermediate Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
1.8 By 2015, increase by 10 percent the number of NJ adults who walk in their neighborhood	Percent of NJ adults who walked in their neighborhood for leisure or as a way to get to a destination	NJ BRFS Supplemental Module (annual)	TBD	10% improvement	EH-2.2 Increase use of alternative modes of transportation for work: trips made by walking TSM = 10% improvement (ACS)	
1.9 By 2015, increase by 5 percent the number of NJ communities that have public recreation facilities	Percent of NJ communities that have public recreation facilities	NJ BRFS Supplemental Module (annual)	TBD	5% improvement		
1.10 By 2015, increase by 5 percent the number of NJ adults who consider their neighborhood safe	Percent of NJ adults who consider their neighborhood to be quite or extremely safe	NJ BRFS Supplemental Module (annual)	TBD	5% improvement		
1.11 By 2015, increase by 5 percent the number of NJ communities that have joint use agreements with schools	Percent of NJ communities that have schools that are open for public recreation activities	NJ BRFS Supplemental Module (annual)	TBD	5% improvement	PA-10 Increase the proportion of the Nation’s public and private schools that provide access to their physical activity spaces and facilities for all persons outside of normal schools hours TSM = 10% improvement <i>Different data source</i>	

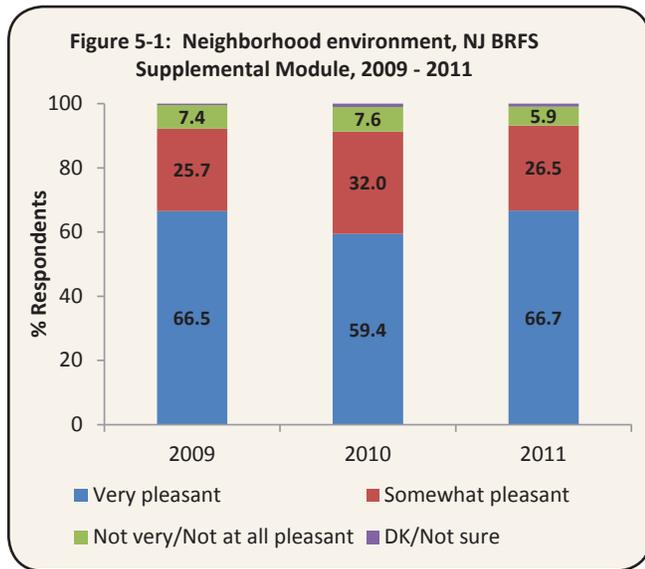
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Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
1.12 By 2015, at least 32 Complete Streets policies will be enacted in New Jersey	Number of Complete Streets policies in NJ	Complete Streets in New Jersey: A Compilation of State, County and Municipal Policies (annual)	7, 2010	Annual increase of 5 per year		
1.13 By 2015, the annual number of new Safe Routes to School programs implemented in NJ will be at least 38	Number of Safe Routes to School Programs in NJ	Safe Routes to School Resource Center	38	Stable		

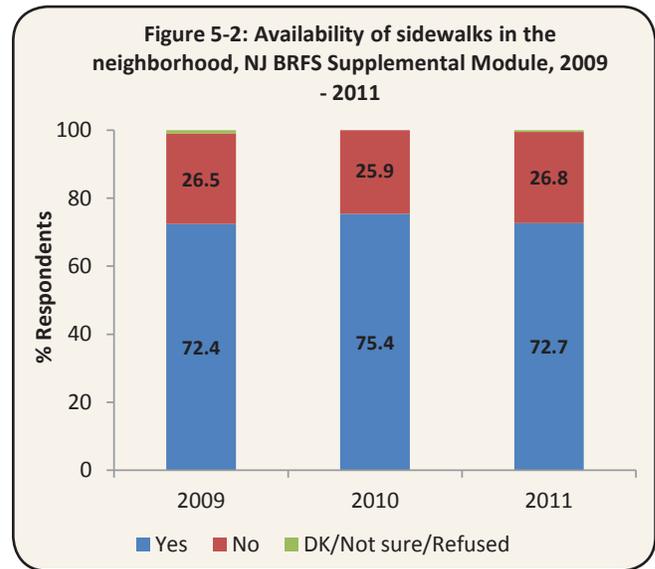
### Built Environment and Community

Neighborhood Environment  
(see Table E1 in Appendix E)



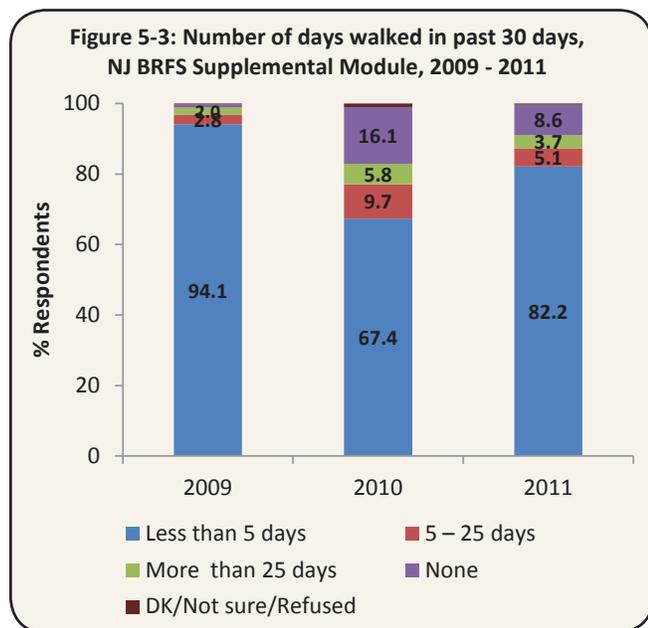
- In 2011, two-thirds of the respondents (66.7%) reported their neighborhood environment to be “very pleasant” as a place to walk. The trend varied slightly for all three years.
- More than one fourth (2009 = 25.7%; 2010 = 32.0%; 2011 = 26.5%) reported their neighborhood to be “somewhat pleasant” for walking. The trend varied slightly for all three years.
- A very small number (2011 = 5.9%) of respondents reported their neighborhood to be “not very/not at all pleasant.”

Availability of Sidewalks  
(see Table E1 in Appendix E)



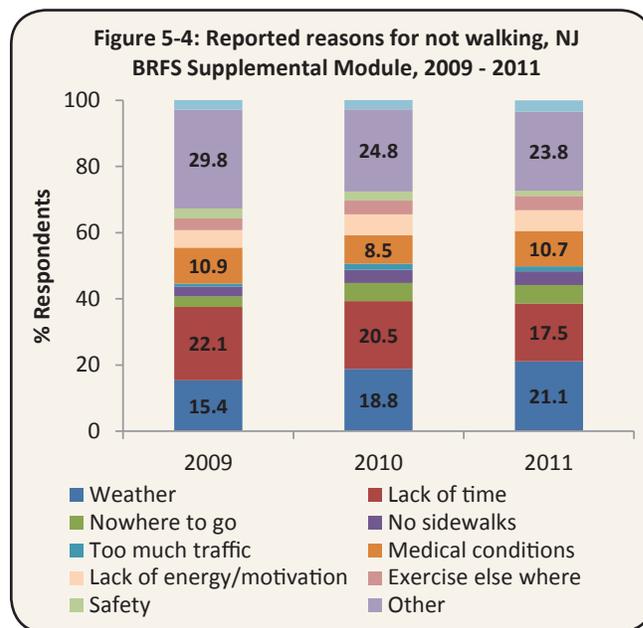
- In 2011, less than three-fourths (72.7%) reported the presence of sidewalks in their neighborhood.
- Reported percentage of people with availability of sidewalks remained similar for all three years.

Number of Days Walked in Past 30 Days  
(see Table E1 in Appendix E)



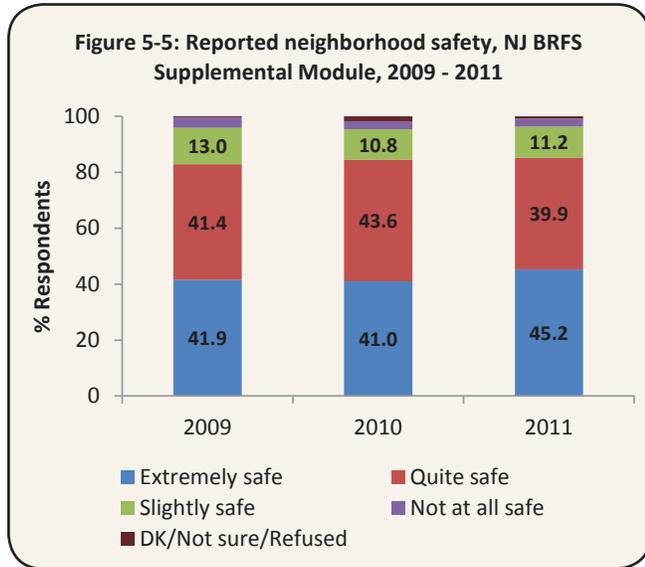
- The percentage of respondents who didn't walk at all dropped sharply in 2011 (8.6%) compared to 2010 (16.1%).
- In 2011, the majority of respondents (82.2%) reported walking for less than five days in past thirty days for leisure or as a way to get to their destination. The percentage of people who walked less than 5 days dropped sharply in 2010 (67.4%) from 2009 (94.1%) but increased again in 2011.
- In 2011, more people reported walking less than 5 days (82.2%). When compared to 2010, the percentage of people walking 5 – 25 days (2010 = 9.7%; 2011 = 5.1%) or more than 25 days (2010 = 5.8%; 2011 = 3.7%) in past 30 days dropped by nearly fifty percent.

Reasons for Not Walking  
(see Table E1 in Appendix E)



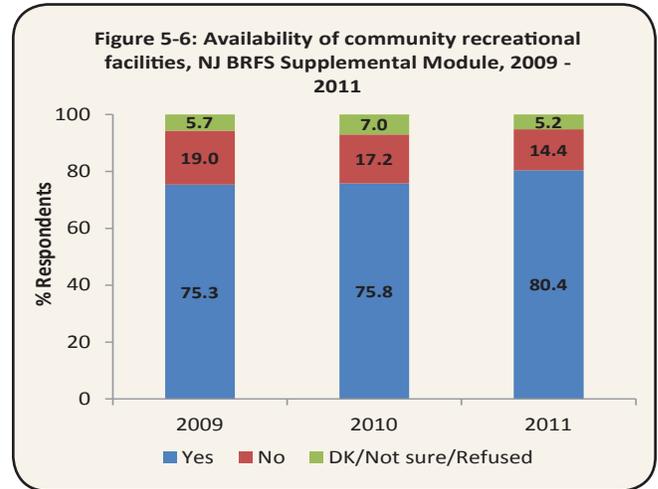
- Overall, nearly one-fourth (2011 = 23.8%) reported "other" as the main reason for not walking in their neighborhood. There were slight differences in the reported trend for all three survey years.
- In 2011, one-fifth (21.1%) reported "weather" as the main reason for not walking in their neighborhood. There were slight differences in the reported trend for all three survey years.
- In 2011, less than one-fifth (17.5%) of the respondents reported "lack of time" as the main reason for not walking.
- Overall, one in ten (10.7%) reported medical conditions as the reason for not walking in 2011.

Neighborhood Safety  
(see Table E1 in Appendix E)



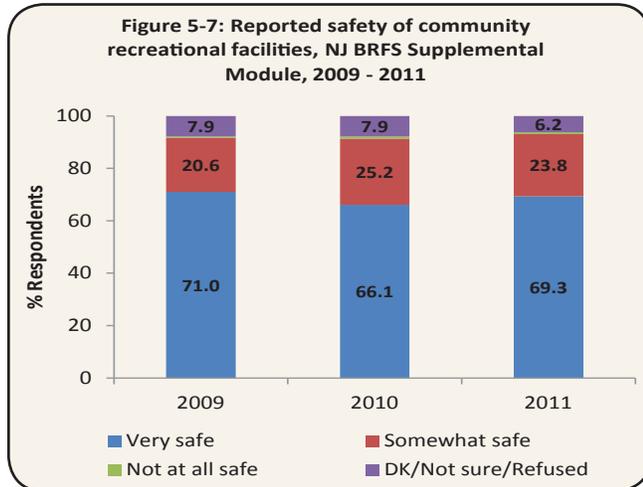
- In 2011, less than half (45.2%) considered their neighborhood to be extremely safe from crime.
- In 2011, more than one-third (39.9%) reported their neighborhood to be quite safe from crime.
- Overall, one in ten (2011 = 11.2%) reported their neighborhood to be somewhat safe.
- Reported trend for neighborhood safety was similar for all three survey years.

Availability of Community Recreational Facilities  
(see Table E2 in Appendix E)



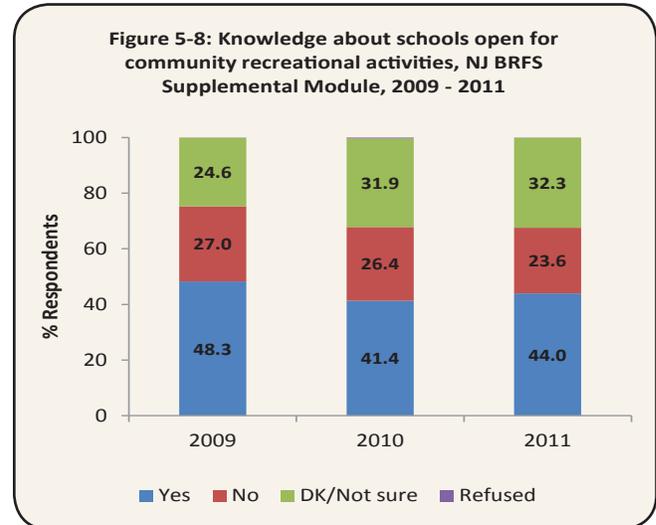
- Overall, more than three-fourths (2009 = 75.3%; 2010 = 75.8%; 2011 = 80.4%) reported availability of community recreational facilities in their community. The availability of community recreational facilities increased slightly in 2011 (80.4%) compared to 2009 (75.3%).
- Less than one-fifth (2009 = 19.0%; 2010 = 17.2%; 2011 = 14.4%) reported unavailability of such facilities in their neighborhood.

### Safety of Community Recreational Facilities (see Table E2 in Appendix E)



- More than two-thirds (2011 = 69.3%) perceived their public recreational facilities to be extremely safe.
- Less than one-fourth (2011 = 23.8%) perceived their public recreational facilities to be safe to some extent.
- There were no substantial differences in the reported trend for perceptions of safety in public recreational facilities for all three survey years.

### Knowledge about Schools Open for Community Recreational Facilities (see Table E2 in Appendix E)



- Overall, less than half (2009 = 48.3%; 2010 = 41.4%; 2011 = 44.0%) reported that the schools in their community were open for public recreational activities. The percentage declined in 2010 from 2009 but increased slightly in 2011.
- In 2011, nearly one-third (32.3%) did not know or were not sure about the availability of schools in their community for public recreational activities. The percentage increased in 2010 (31.9%) from 2009 (24.6%) but remained unchanged in 2011.
- In 2011, nearly one-fourth (23.6%) reported that schools in their community were not open for public recreational activities. The percentage was similar for all three survey years.

## Complete Street Policies in NJ

Complete streets are designed and managed to improve safety and access for all users - pedestrians, bicyclists, motorists and transit riders of all ages and abilities; reduce traffic congestion; and promote healthy lifestyles. This is done by incorporating sidewalks, bike lanes, safe crossings and transit amenities into existing design to create more livable communities.

Overall, in addition to the New Jersey Department of Transportation (NJDOT) complete street policies, three NJ counties and twenty seven municipalities (as of August, 2012) have their own complete street policies.

 The NJDOT Complete Street Policies

 Municipal Complete Street Policies

- Atlantic City, City of
- Bloomfield, Township of
- Denville, Township of
- Dover, Town of
- Emerson, Borough of
- Frenchtown, Borough of
- Harvey Cedars, Borough of
- Hoboken, City of
- Jersey City, City of
- Lawrence, Township of
- Linwood, City of
- Maplewood, Township of
- Maywood, Borough of
- Montclair, Township of
- Netcong, Borough of
- New Brunswick, City of
- Ocean City, City of
- Pleasantville, City of
- Point Pleasant, Borough of
- Princeton, Borough of
- Princeton, Township of
- Raritan, Borough of
- Red Bank, Borough of
- Ridgewood, Village of
- Trenton, City of
- West Windsor, Township of
- Vineland, City of

 County Complete Street Policies

- Essex County
- Mercer County
- Monmouth County

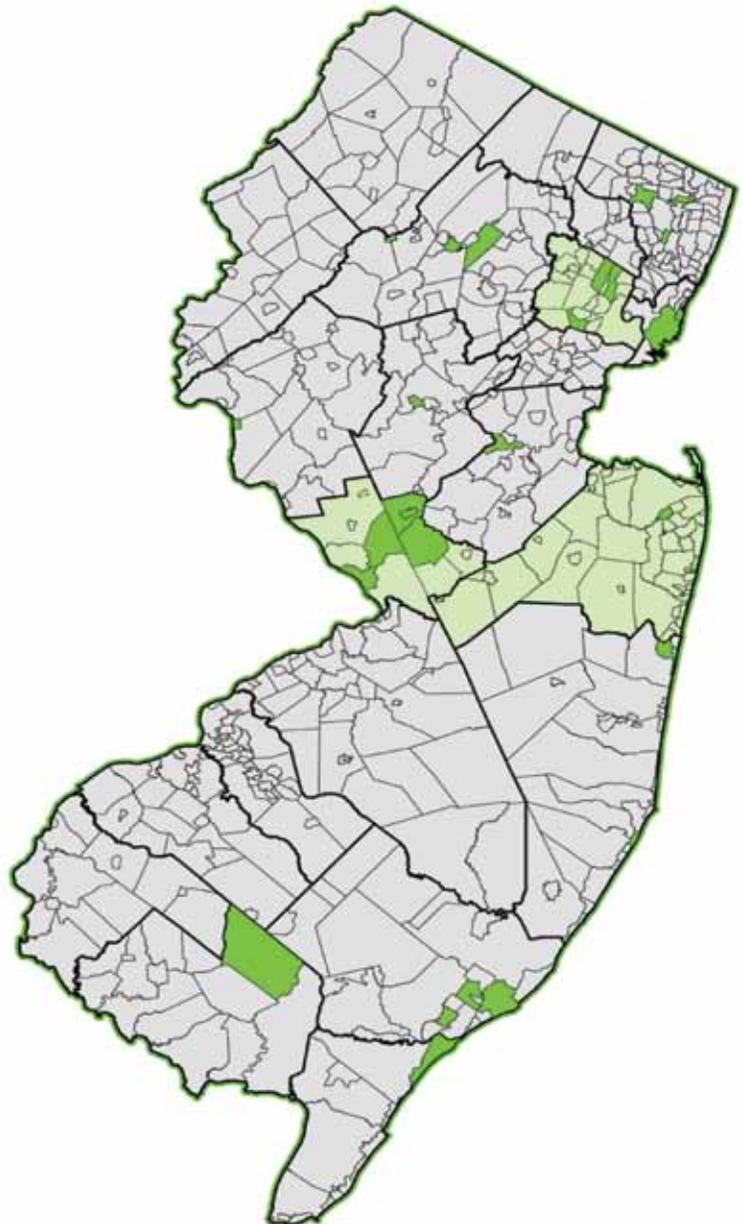


Figure 5-9: New Jersey Counties and Municipalities with Complete Street Policies

## Safe Routes to School Program

The New Jersey Safe Routes to School (SRTS) program is a federal, state and local effort designed to create safer and more accessible environments for bicycling and walking to and from school thereby encouraging a healthy and active lifestyle from an early age. This will also help the environment by easing traffic jams and reducing air pollution.

The SRTS Program is organized around five strategies known as the “5 E’s”. They are:

**Engineering:** Making the environment safer for walking and bicycling

**Encouragement:** Encouraging and enabling children, including those with disabilities, to walk and bicycle to school more often

**Education:** Teaching kids and parents safe ways to walk and bike

**Evaluation:** Checking to see how many kids are walking and biking as a result of the program and how conditions have improved

**Enforcement:** Changing driver, walker and bicyclist behavior as they travel together along the road

Funding is available periodically for both infrastructure and non-infrastructure projects. Infrastructure projects include the planning, design and construction of sidewalks, crosswalks, signals, traffic-calming and bicycle facilities. Non-infrastructure projects include activities such as public awareness campaigns, walk and bike to school events and training, traffic education and enforcement and student lessons on bicycle and pedestrian safety, health and the environment.

In 2009, 35 cities/organizations were awarded funding to implement safe routes to school program. See Table 5-1 below for total number of cities/organization in NJ funded for both infrastructure and non-infrastructure projects from 2007–2009.

<b>Year</b>	<b>Number of Cities/Organizations Awarded</b>	<b>Award Range</b>
2007	29	\$7,500 - \$337,000
2008	27	\$8,000 - \$329,000
2009	35	\$10,000 - \$4,928,100

## Policy and Environmental Indicators

Intermediate Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
2.7 By 2015, at least 80 percent of NJ census tracts will have healthy food retailers	Percent of NJ census tracts with healthy food retailers within 1/2 mile of boundary	State Indicator Report on Fruits and Vegetables (biannual)	77.6%	5% improvement		
2.8 By 2015, there will be at least 1.7 farmers markets per 100,000 people in New Jersey	Farmers markets per 100,000	State Indicator Report on Fruits and Vegetables (biannual)	1.4	Improvement to meet national benchmark		

The indicators measure three different types of fruits and vegetables support – availability of healthier food retail in the community, availability of healthier foods and nutrition services in schools and food system support (see Table 5-2 below).

Table 5 – 2: Policy and environmental indicators, CDC State Indicator Report on Fruits and Vegetables (used updated data if available), 2009 & Children’s Food Environment State Indicator Report, 2011		
Indicators**		Data Year
Percentage of census tracts with healthy food retailers within half mile of boundary	<b>77.6%</b>	2009
State level healthier food retail policies	<b>No</b>	2009
Farmers markets per 100,000 population	<b>1.4</b>	2009
Percentage of farmers markets that accept electronic benefits transfer (EBT)	<b>0.8%</b>	2009
Percentage of farmers markets that accept Women, Infants and Children (WIC) Farmers Market Nutrition Program (FMNP) coupons	<b>4.9%</b>	2009
State level farm to school policies	<b>Approved – 1-28-2011</b>	2012
Percentage of cropland acreage harvested for fruits and vegetables	<b>17.9%</b>	2009
Number of local food policy councils	<b>5</b>	2012
Modified retail food environment index	<b>8</b>	2011
Modified retail food environment index – impoverished census tracts within state	<b>5</b>	2011
**See Table E3 in Appendix E for methodology		

- More than three-fourths of census tracts in New Jersey (77.6%) have healthy food retailers (supermarkets, larger grocery stores, warehouse clubs, and fruits and vegetables markets) within a half mile boundary. People in areas without these type stores still may have access to quality produce sold in smaller stores.
- There are no state level policies or laws that provide for (1) building or placing new food retailers in underserved areas; (2) renovating or equipment upgrades of existing outlets to accommodate increased availability of healthier foods; and/or (3) increase in and promotion of fruits and vegetables at retail food outlets.
- There are 1.4 farmers markets per 100,000 residents in New Jersey. Farmers markets provide a medium for purchasing foods from local farms and also provides access to fruits and vegetables in areas lacking retail stores. Currently there are 141 farmers markets in NJ.
- Less than one percent (0.8%) of farmers markets accepts electronic benefits transfer (EBT). These farmers markets are available to people in Supplemental Nutrition Assistance Program (SNAP), other federal recipients using electronic debit card system and community residents using bank debit and credit cards.
- Nearly five percent (4.9%) of farmers markets allow purchases through Women, Infants and Children (WIC) FMNP (Farmers Market Nutrition Program). This provides an estimate of the availability of fruits and vegetables for WIC mothers and their children.
- The “Jersey Fresh Farm to School Week” was approved on January 28, 2011. Under this law –
  - » NJ will highlight and promote the value and importance of New Jersey agriculture and fresh foods produced in New Jersey, and the value and importance of fresh farm foods for children, their general health, and their success in school.
  - » The week shall be celebrated each year throughout the State with the holding of relevant promotional events during the last week of September.
  - » The Department of Agriculture shall establish a “New Jersey Farm to School” website to provide opportunities for farmers, distributors, and schools to create purchasing networks, to develop and refine promotional events for “Jersey Fresh Farm to School Week,” and to disseminate information about the events.
- Less than one-fifth (17.9%) of cropland acreage in NJ is harvested for fruits and vegetables. This indicator provides information on domestic fruits and vegetables input to the food system.
- There are no state level food councils and related food committees or coalitions to support environmental and policy change that can support improved food environments for healthy eating. There are two county level and three local level food policy councils –
  - » County Level Food Policy Councils
    - ✓ Mercer Food Council
    - ✓ Passaic County Food Policy Council
  - » Local Level Food Policy Councils
    - ✓ Camden City Food Security Advisory Board
    - ✓ New Brunswick Community Food Alliance
    - ✓ Newark Food Policy Council
- The modified Retail Food Environment Index (mRFEI) measures the number of healthy and less healthy food retailers within a census tract. Lower mRFEI scores indicate either many census tracts do not have any healthy food retailers or there are greater number of convenience stores and fast food restaurants relative to the healthy food stores, or both.
  - » The mRFEI index for NJ is 8.
  - » The mRFEI index across impoverished census tracts (census tracts with 20% or more individuals below the federal poverty level) within NJ is 5.

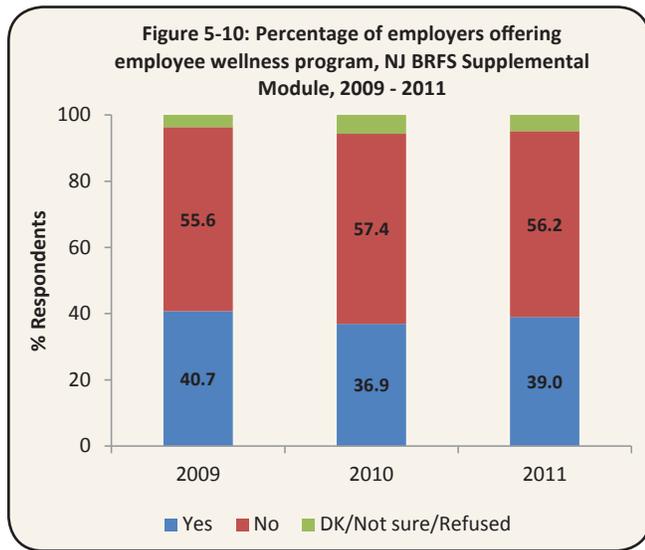
## Worksite Policies

Intermediate Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
1.16 By 2015, 10% more employers will offer employee wellness programs	Percent of employers who offer employee wellness programs	NJ BRFS Supplemental Module (annual)	TBD	10% improvement	PA-12 Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs (Developmental)	
1.17 By 2015, 10% more NJ adults will participate in employee physical activity/fitness programs	Percent of NJ adults who participate in employee physical activity/fitness programs	NJ BRFS Supplemental Module (annual)	TBD	10% improvement	PA-12 Increase the proportion of employed adults who have access to and participate in employer-based exercise facilities and exercise programs (Developmental)	
2.17 By 2015, 10% more employers will offer employee wellness programs	Percent of NJ employers who offer employee wellness programs	NJ BRFS Supplemental Module (annual)	TBD	10% improvement		
2.18 By 2015, 10% more NJ adults will participate in employee nutrition or weight management classes or counseling	Percent of NJ adults who participate in employee nutrition or weight management classes or counseling	NJ BRFS Supplemental Module (annual)	TBD	10% improvement	NWS-7 Increase the proportion of worksites that offer nutrition or weight management classes or counseling (Developmental)	
2.19 By 2015, 38% of NJ employer will provide employees with lactation support programs	Percent of NJ employers who have lactation support programs	In development	TBD	Expert opinion	MICH-22 Increase the proportion of employers that have worksite lactation support programs TSM=modeling/projection	MCH-9 Increase the proportion of employers that have lactation support programs TSM = Expert opinion

Workplace Breastfeeding Policy

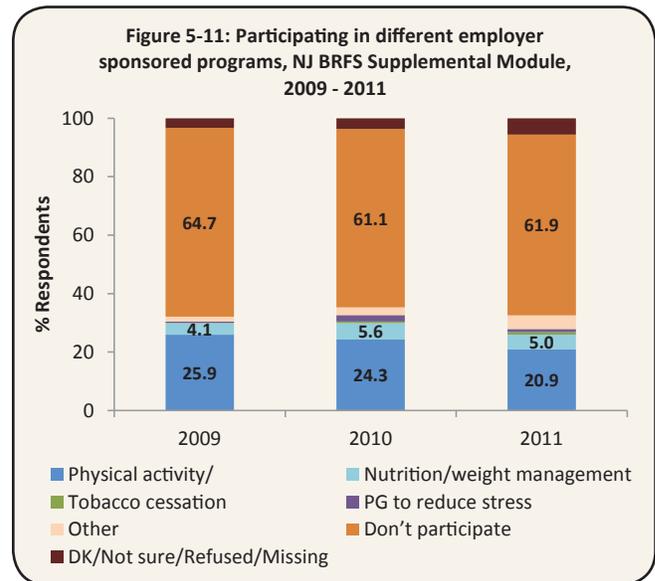
- There is no state legislation mandating employers to support lactation in the workplace.

Employee Wellness Programs  
(see Table E4 in Appendix E)



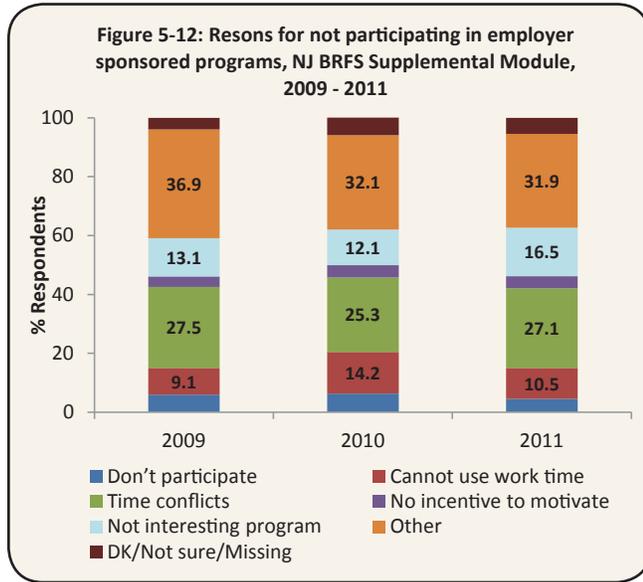
- More than one-third of respondents (2009 = 40.7%; 2010 = 36.9%; 2011 = 39.0%) reported that their employer offers employee wellness program.
- More than half (2009 = 55.6%; 2010 = 57.4%; 2011 = 56.2%) reported that their employer does not offer any employee wellness program.
- The overall trend for the employer offered wellness program was similar for all the three years.

Participation in Employer Sponsored Programs  
(see Table E4 in Appendix E)



- Less than two-thirds (2009 = 64.7%; 2010 = 61.1%; 2011 = 61.9%) reported not participating in any employer sponsored programs. The trend was similar for all three survey years.
- One-fifth (2011 = 20.9%) reported participating in employer sponsored physical activity programs or fitness programs. Participation decreased slightly in 2011 compared to 2009 (25.9%) and 2010 (24.3%).
- A small number of participants (2009 = 4.1%; 2010 = 5.6%; 2011 = 5.0%) reported participating in nutrition or weight management classes or counseling.

Reasons for Not Participating in Employer Sponsored Programs (see Table E4 in Appendix E)



- Among respondents who did not participate in employer sponsored programs, more than one-fourth (2009 = 27.5%; 2010 = 25.3%; 2011 = 27.1%) reported that the programs were offered at times that conflicted with their schedule.
- Less than one-fifth (2011 = 16.5%) reported that they were not interested in the programs offered through their worksite wellness program.
- Overall, one in ten (2011 = 10.5%) reported that they cannot use their work time to participate.
- Nearly one-third (2011 = 31.9%) reported “other” as the main reason for not participating.

## Children’s Food and Beverage Advertisement Initiative (CFBAI)

Intermediate Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
<i>2.16 By 2015, 15 companies headquartered or companies with facilities in NJ will be a part of the Children’s Food and Beverage Advertising Initiative</i>	Number of businesses headquartered or with manufacturing, administrative, or other business facilities in NJ who are CFBAI signatories	The Children’s Food and Beverage Advertising Initiative in Action: Report on Compliance and Implementation (annual)	9	Projection		

The goal of CFBAI is to include healthier (less calories, sodium, sugar and fats) and nutrient dense products in ads for children on traditional media (TV, radio, print and Internet) as well as on new and emerging media, such as mobile media and video games, and through word-of-mouth advertising. Currently there are 16 participants in this initiative -

- Thirteen companies have committed to use meaningful science based government or other accepted standards that the Better Business Bureau has approved for kids’ advertising,
- Three companies have committed to not engage in child-directed advertising (children under 12)
- All the participants agreed to CFBAI oversight, monitoring & reporting on changes/compliance

Participants not engaged in child-directed food and beverage product advertising:

1. The Coca-Cola Company
2. Hershey Company
3. Mars Incorporated

Participants engaged in child-directed better-for-you product advertising:

1. Burger King Corp.
2. Campbell Soup Company
3. ConAgra Foods, Inc.
4. The Dannon Company, Inc.
5. General Mills Inc.
6. Kellogg Company
7. Kraft Foods Global, Inc.
8. McDonald’s USA
9. Nestle’ USA
10. PepsiCo, Inc.
11. Post Foods, LLC
12. Sara Lee Corp.
13. Unilever



# Obesity in New Jersey

Data Sources:

- High School Youth Risk Behavior Biennial Survey (YRBS)/New Jersey Student Health Survey, 2009 - 2011
- New Jersey Behavioral Risk Factor Annual Survey (NJ BRFS), 2007 – 2011
- Centers for Disease Control and Prevention, National Diabetes Surveillance System, 2008 - 2009

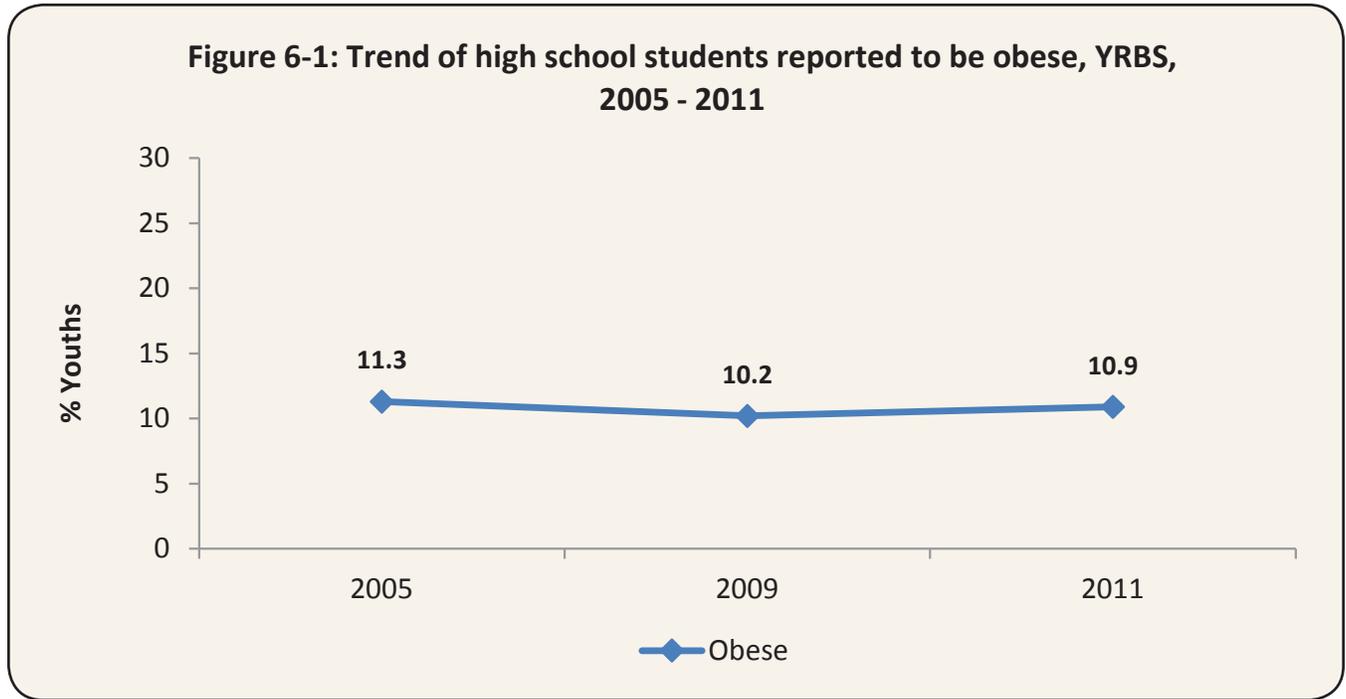


## ShapingNJ Objectives

Long-term Objectives						
Objectives	Indicator	Data Source	Baseline	Target Setting Method (TSM)	Healthy People 2020 Objectives	Proposed Healthy NJ 2020 Objectives
3.1 By 2020, the proportion of NJ adults who are obese will be 23 percent or less	Percentage of NJ adults who are obese	NJ BRFS (annual)	23.9%	Evidence-based	NWS-9 Reduce the proportion of adults who are obese TSM = 10% improvement	NF-1a Reduce the proportion of NJ adults 18 and older who are obese TSM = Evidence-based
3.2 By 2020, the proportion of NJ high school students (14-18) who are obese by 10 percent or less	Percentage of NJ adolescents who are obese	NJ Student Health Survey/ YRBS (biennial)	10.2%	Evidence-based	NWS-10.3 Reduce the proportion of adolescents aged 12 to 19 years who are considered obese TSM = 10% improvement	NF-1b Reduce the proportion of NJ high school students who are obese TSM = Evidence-based

### Obesity – High School Students (13 years old or younger – 18 years old or older)

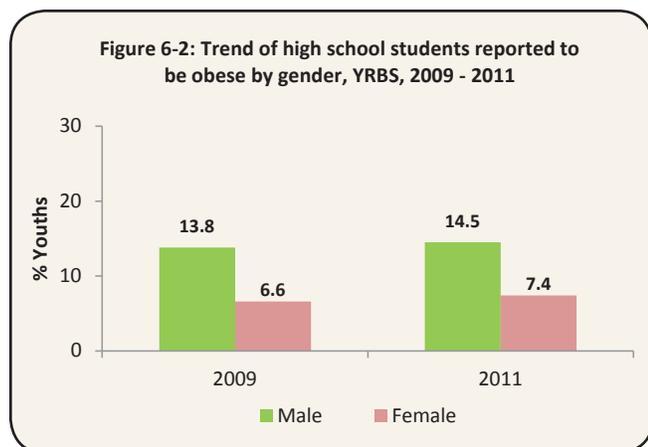
Trend – Percentage of high school students reported to be obese (Students who were  $\geq$  95th percentile for body mass index (BMI), based on sex- and age-specific reference data from the 2000 CDC growth charts). (See Table F1 in Appendix F)



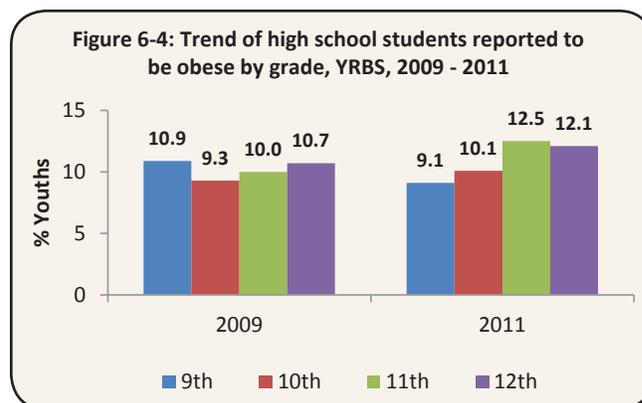
- Overall, one in ten students (10.9%) was reported to be obese in 2011.
- The trend remained similar over the three survey years.

## Obesity – High School Students by Demographic Characteristics

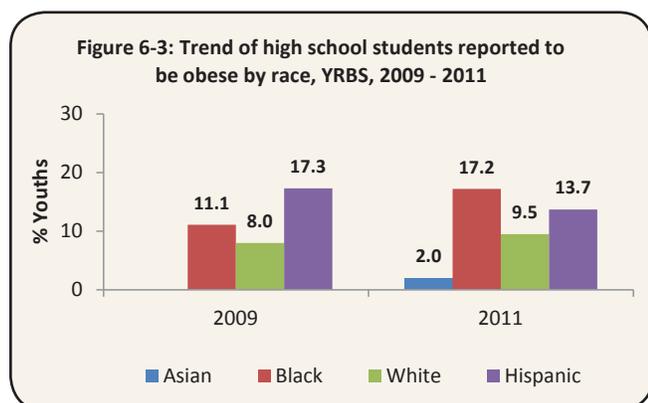
(See Tables F2 Appendix F)



- Males (2009 = 13.8%; 2011 = 14.5%) were twice more likely to be classified as obese compared to females (2009 = 6.6%; 2011 = 7.4%).
- There were no notable differences in obesity trends (for both males and females) for both the survey years.



- There was a very small variation in the percentage of students classified as obese for both the years as well all the grade levels.
- Overall, the percentage of students classified as obese increased for all the grade levels with the exception of 9th grade in 2011 compared to 2009.

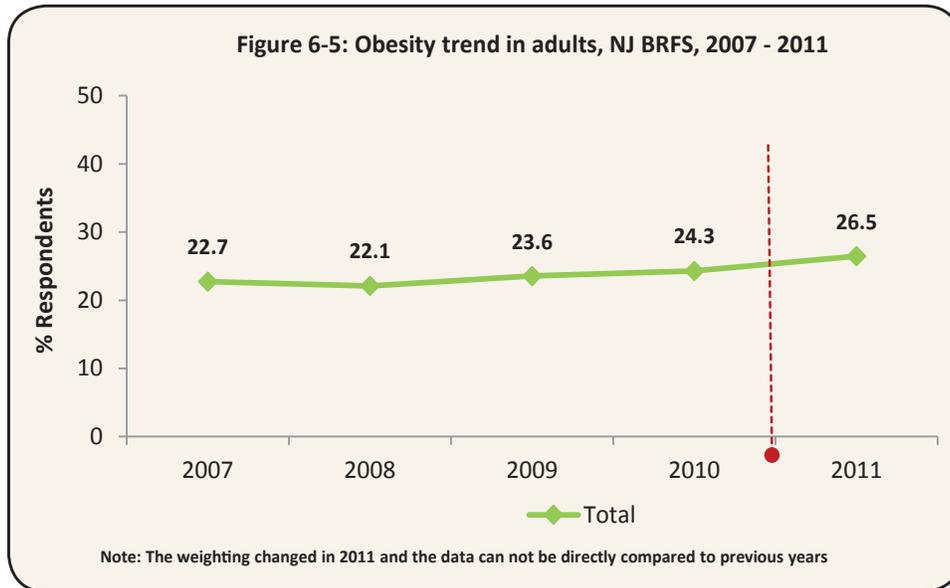


- In 2011, the percentage of Black students (17.2%) classified as obese noticeably increased from 2009 (11.1%), while Hispanic students classified as obese decreased (13.7% vs. 17.3%).
- In 2011, more Black students (17.2%) were classified as obese compared to other racial/ethnic groups.

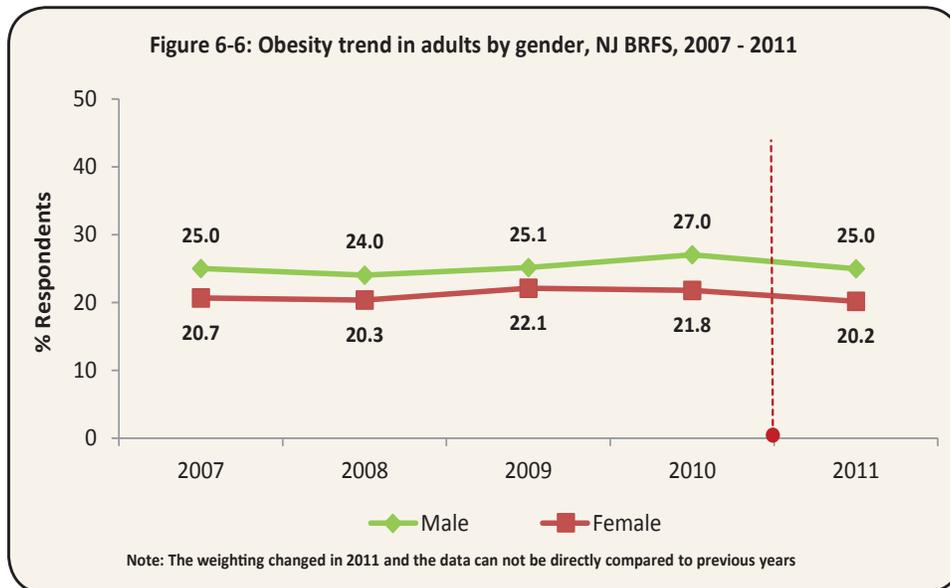
(Data for Asians not reported for 2009 as there were fewer than 100 respondents)

## Obesity – Adults

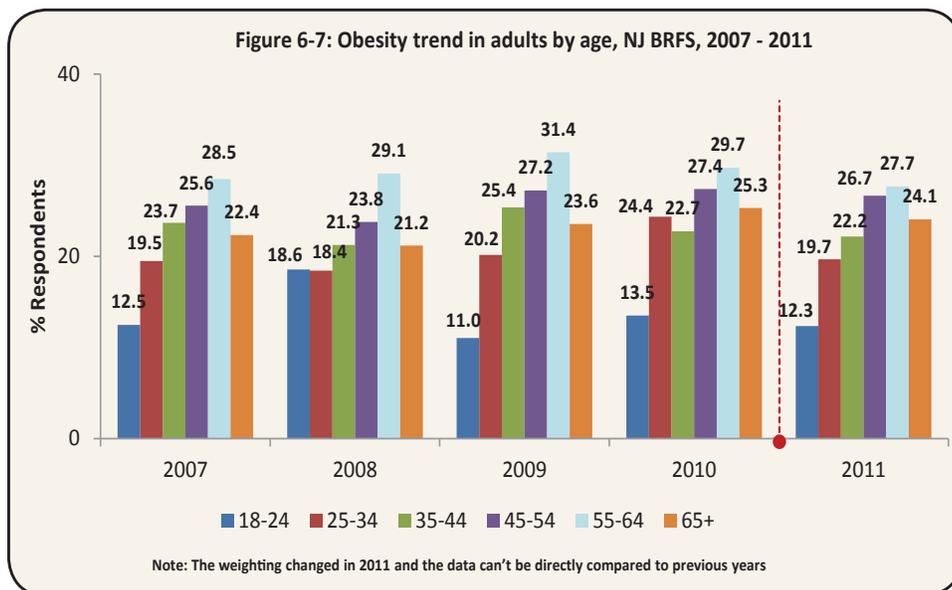
Trend – Percentage of adults reported to be obese (adults with BMI between 30.0 - 99.8). (See Table F3 in Appendix F)



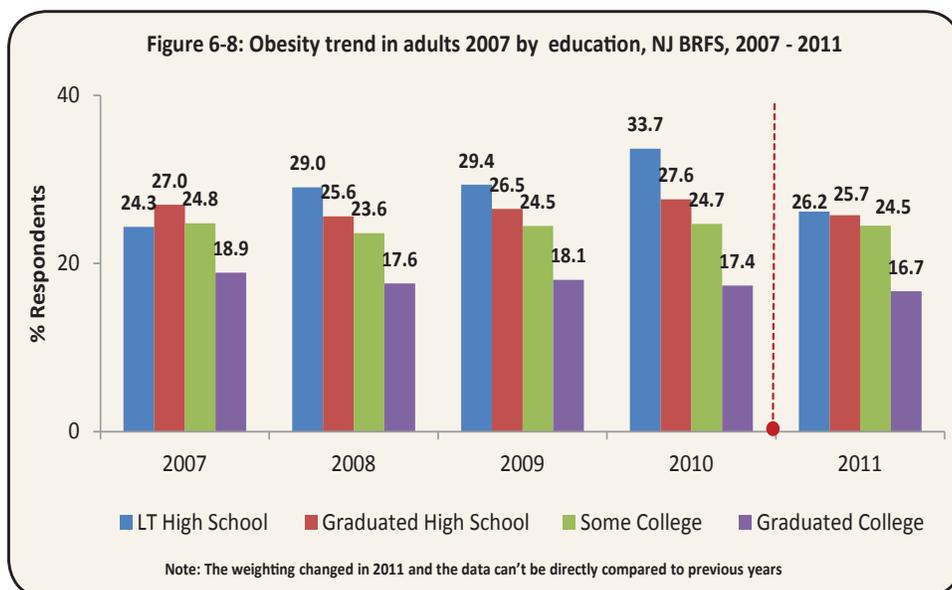
- Overall, more than one-fourth (26.5%) of adults were reported to be obese in 2011.
- The percentage of people reported to be obese increased steadily from 2008.



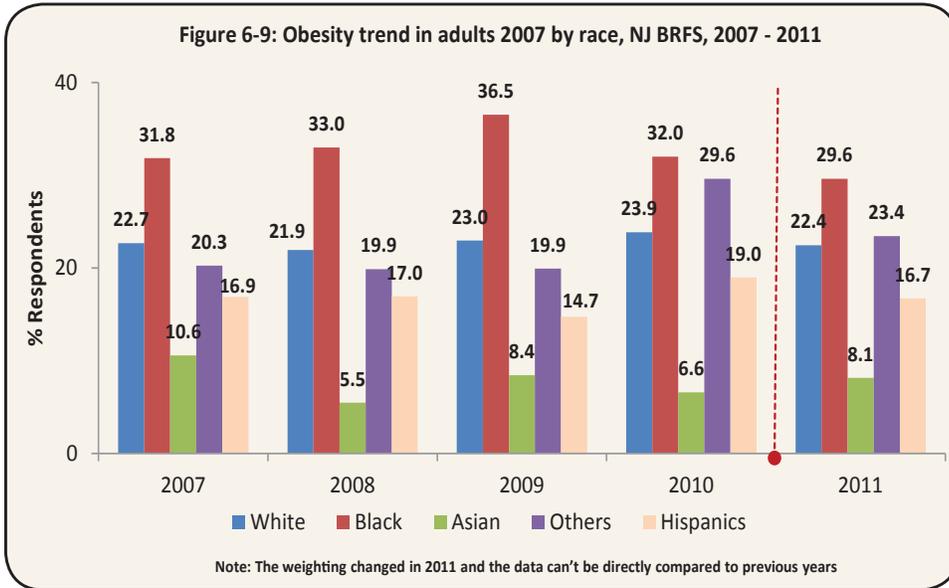
- The obesity rates were higher among males compared to females. In 2011, one-fourth (25.0%) of the males and one-fifth of the females (20.2%) were reported to be obese.
- The overall obesity trend for males and females was similar for all the five survey years.



- Overall, the obesity rates for adults aged 45 – 54 and 55 – 64 years were reported to be higher compared to other age groups. More than one-fourth of the adults aged 45 – 54 (26.7%) and 55 – 64 (27.7%) were reported to be obese in 2011.
- Obesity rates were lowest among adults aged 18 – 24 years old (2011 = 12.3%).
- The obesity trend for all age categories varied slightly in the five survey years.



- Education has a positive effect in reducing obesity among adults; people with higher education were reported to be less obese. The obesity rates were reported to be lowest among college graduates (2011 = 16.7%) and highest among adults with less than high school education (2011 = 26.2%).
- The obesity trend for all education levels varied slightly in the five survey years.



- Overall, obesity rates were reported to be higher among Blacks compared to other racial and ethnic groups. More than one-fourth of the Black adults (29.6%) were reported to be obese in 2011.
- The obesity rate for Hispanics increased notably in 2010 (19.0%) compared to 2009 (14.7%) but decreased in 2011 (16.7%).
- The obesity trend for all racial/ethnic categories varied slightly in the five survey years.

### Age-Adjusted County Level Estimates of Obesity in New Jersey, National Diabetes Surveillance System, 2008 – 2009

2009 Age-Adjusted Estimates of the Percentage of Adults Who Are Obese in NJ

County	2009 % Obese	County Ranking
Atlantic	28.0	3
Bergen	21.6	17
Burlington	27.2	5
Camden	27.8	4
Cape May	24.9	11
Cumberland	33.2	2
Essex	25.8	10
Gloucester	26.7	7
Hudson	23.9	14
Hunterdon	20.5	21
Mercer	24.8	12
Middlesex	23.5	15
Monmouth	21.3	19
Morris	21.4	18
Ocean	26.7	7
Passaic	24.2	13
Salem	33.8	1
Somerset	21.3	19
Sussex	26.4	9
Union	22.0	16
Warren	27.1	6

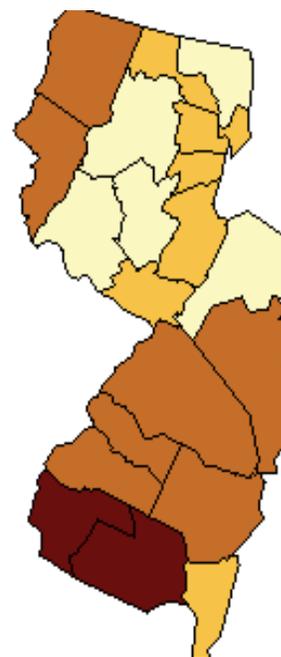
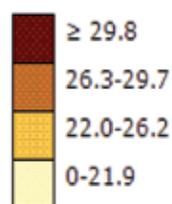


Figure 6-10: County level estimate of obesity in NJ, National Diabetes Surveillance System, 2009



2008 Age-Adjusted Estimates of the Percentage of Adults Who Are Obese in NJ

County	2008 % Obese	County Ranking
Atlantic	26.3	6
Bergen	20.4	19
Burlington	25.9	7
Camden	26.5	4
Cape May	24.5	11
Cumberland	29.6	1
Essex	25.8	8
Gloucester	25.3	10
Hudson	24.1	12
Hunterdon	19.4	21
Mercer	23.7	13
Middlesex	23.5	14
Monmouth	21.1	18
Morris	20.0	20
Ocean	25.5	9
Passaic	23.4	15
Salem	29.3	2
Somerset	21.9	16
Sussex	26.5	4
Union	21.9	16
Warren	27.1	3

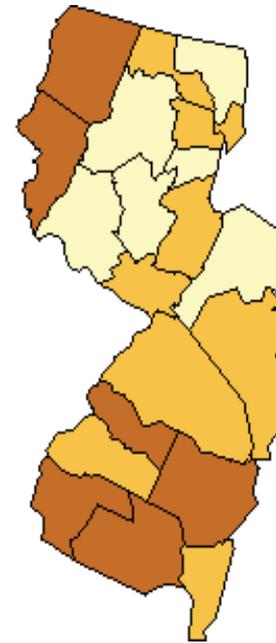
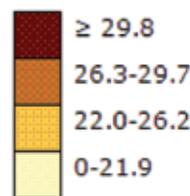


Figure 6-11: County level estimate of obesity in NJ, National Diabetes Surveillance System, 2008



- In 2009, counties with lowest obesity rates (0 – 21.9%) were Bergen (21.6%), Hunterdon (20.5%), Monmouth (21.3%), Morris (21.4%) and Somerset (21.3%). This was similar to 2008.
- In 2009, counties with highest obesity rates (≥ 29.8%) were Cumberland (33.2%) and Salem (33.8%). In 2008, no county reported obesity rate ≥ 29.8%.
- In 2009, obesity rates increased in many NJ counties compared to 2008.

### Age-adjusted County Level Estimates of Leisure-Time Physical Inactivity in New Jersey, National Diabetes Surveillance System, 2008 – 2009

2009 Age-Adjusted Estimates of the Percentage of Adults Who Are Physically Inactive in NJ

County	2009 % Inactive	County Ranking
Atlantic	24.6	12
Bergen	23.3	15
Burlington	23.4	14
Camden	27.9	4
Cape May	22.3	16
Cumberland	30.7	1
Essex	27.5	5
Gloucester	25.1	11
Hudson	28.6	3
Hunterdon	18.4	21
Mercer	25.2	9
Middlesex	27.1	7
Monmouth	21.2	18
Morris	20.5	20
Ocean	24.0	13
Passaic	27.4	6
Salem	30.6	2
Somerset	21.2	18
Sussex	21.8	17
Union	25.2	9
Warren	25.4	8

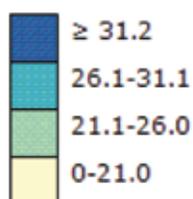
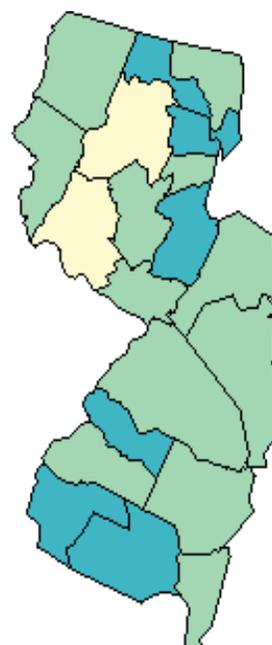


Figure 6-12: County level estimate of physical inactivity in NJ, National Diabetes Surveillance System, 2009

2008 Age-Adjusted Estimates of the Percentage of Adults Who Are Physically Inactive in NJ

County	% Inactive	County Ranking
Atlantic	24.4	12
Bergen	24.5	11
Burlington	22.3	15
Camden	28.7	4
Cape May	22.0	16
Cumberland	29.7	1
Essex	28.2	5
Gloucester	24.6	10
Hudson	29.1	2
Hunterdon	18.1	21
Mercer	24.1	13
Middlesex	26.1	7
Monmouth	22.0	16
Morris	20.8	20
Ocean	22.8	14
Passaic	26.7	6
Salem	29.1	2
Somerset	20.9	19
Sussex	21.1	18
Union	24.9	9
Warren	25.2	8

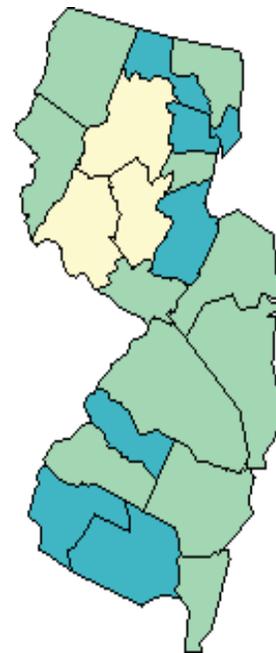
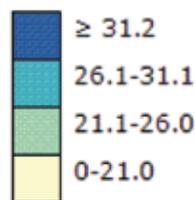


Figure 6-13: County level estimate of physical inactivity in NJ, National Diabetes Surveillance System, 2008



- The physical inactivity levels were similar for all the counties for both the years.

## Reported Health Conditions among Obese Adults

Obesity is a major risk factor for a number of chronic diseases such as type 2 diabetes, hypertension, heart disease and stroke.

Trend – Self reported health conditions among obese adults (as advised by their doctor, nurse, or other health professional). (See Table 6-1 below)

Table 6-1: Percentage of self reported health conditions among obese adults, NJ BRFSS, 2007 - 2011					
	2007	2008	2009	2010	2011
Heart Attack	5.0	5.0	5.7	6.8	6.2
Coronary Heart Disease	6.8	6.3	5.7	6.3	6.4
Stroke	3.4	2.8	3.0	3.5	3.3
Diabetes	16.8	18.0	18.1	17.9	17.9
Diabetes only during pregnancy	1.0	0.9	1.4	0.9	1.7
Pre-diabetes or borderline diabetes	1.6	2.2	1.5	1.8	1.7

Note: The weighting changed in 2011 and the data can't be directly compared to previous years

- Diabetes was the most commonly reported health condition. In 2011, 17.9% reported that a doctor, nurse, or other health professional told them that they have diabetes. The trend was similar for all five survey years.
- In 2011, 6.2% of adults reported that their doctor, nurse, or other health professional told them that they suffered a heart attack. Nearly the same number of adults reported that they were diagnosed with coronary heart disease (2011 = 6.4%). The trend was similar for all the five survey years.

### Data Gaps

- Currently, there are no statewide publicly available data sets on obesity rates for elementary and middle school students.
- Although the National Survey of Children's Health reports state level childhood obesity data for children ages 10 – 17, the survey is only conducted every 4 years.
- The CDC reports obesity rates of children ages 2 through 5 years in low-income families in the Pediatric Nutrition Surveillance System, though 2012 will be the final year for this surveillance system.



## Appendix A

<b>Table A-1: Trend in physical activity among high school students, YRBS, 2005 - 2009</b>			
	<b>2005</b>	<b>2009</b>	<b>2011</b>
	<b>%</b>	<b>%</b>	<b>%</b>
Physically active at least 60 minutes per day on each of the 7 days during previous seven days	<b>15.6</b>	<b>21.3</b>	<b>28.0</b>
Aerobic Exercise, 20 Minutes on 3+ days during previous seven days	<b>66.6</b>	<b>74.5</b>	<b>69.3</b>
Did not participate in at least 60 minutes of physical activity on any day during previous seven days	<b>24.8</b>	<b>18.3</b>	<b>11.3</b>

<b>Table A-2: Physically active at least 60 minutes per day on all 7 days among high school students, YRBS, 2009 - 2011</b>			
		<b>2009</b>	<b>2011</b>
		<b>%</b>	<b>%</b>
		(95% CI) N	(95% CI) N
<b>Gender</b>	Male	<b>27.4</b> (23.9 – 31.2) 768	<b>37.4</b> (32.3 – 42.7) 744
	Female	<b>15.3</b> (12.2 – 19.0) 975	<b>18.4</b> (15.6 – 21.6) 885
<b>Race</b>	AI/AN+	N/A	N/A
	Asian+	N/A	<b>29.4</b> (22.0 – 38.2) 115
	Black+	<b>18.6</b> (12.1 – 27.5) 211	<b>27.8</b> (21.8 – 34.7) 172
	NHOPI+	N/A	N/A
	White+	<b>23.1</b> (19.8 – 26.7) 1,003	<b>29.7</b> (26.4 – 33.3) 877
	Hispanic	<b>18.7</b> (14.9 – 23.2) 336	<b>22.0</b> (16.7 – 28.4) 356
	Multiple Race+	N/A	N/A
<b>Grade</b>	9th	<b>21.8</b> (17.4 – 26.9) 409	<b>37.2</b> (33.4 – 41.2) 452
	10th	<b>23.5</b> (19.6 – 27.9) 441	<b>27.7</b> (22.7 – 33.4) 475
	11th	<b>19.6</b> (16.0 – 23.7) 523	<b>25.3</b> (18.8 – 33.1) 345
	12th	<b>20.6</b> (15.3 – 27.1) 359	<b>20.6</b> (17.3 – 24.5) 352

‘-’ = Data not available AI/AN = American Indian or Alaskan Native; NHOPI = Native Hawaiian or Other Pacific Islander

+ Non Hispanic N/A = < 100 respondents for the subgroup

<b>Table A-3: High school students not participating in at least 60 minutes of physical activity on any day, YRBS, 2009 - 2011</b>			
		<b>2009</b>	<b>2011</b>
		<b>%</b>	<b>%</b>
		(95% CI) N	(95% CI) N
<b>Gender</b>	Male	<b>13.0</b> (10.1 – 16.7) 768	<b>9.5</b> (7.1 – 12.5) 744
	Female	<b>23.6</b> (20.1 – 27.4) 975	<b>13.2</b> (9.9 – 17.5) 885
<b>Race</b>	AI/AN+	N/A	N/A
	Asian+	N/A	<b>12.2</b> (5.8 – 23.7) 115
	Black+	<b>24.5</b> (16.4 – 34.9) 211	<b>13.5</b> (9.7 – 18.5) 172
	NHOPI+	N/A	N/A
	White+	<b>15.0</b> (12.8 – 17.5) 1,003	<b>9.4</b> (7.4 – 12.0) 877
	Hispanic	<b>21.7</b> (16.6 – 27.9) 336	<b>14.5</b> (10.1 – 20.5) 356
	Multiple Race+	N/A	N/A
<b>Grade</b>	9th	<b>15.6</b> (11.6 – 20.6) 409	<b>7.6</b> (5.2 – 11.0) 452
	10th	<b>14.4</b> (11.8 – 17.4) 441	<b>9.1</b> (7.0 – 11.6) 475
	11th	<b>20.5</b> (17.4 – 24.0) 523	<b>13.6</b> (9.8 – 18.6) 345
	12th	<b>22.3</b> (16.4 – 29.6) 359	<b>15.3</b> (12.3 – 18.8) 352

‘-’ = Data not available

AI/AN = American Indian or Alaskan Native; NHOPI = Native Hawaiian or Other Pacific Islander

+Non Hispanic

N/A = < 100 respondents for the subgroup

**Table A-4: Aerobic Exercise, 20 Minutes on 3+ days in the past seven days among high school students, YRBS, 2009 - 2011**

		2009 %	2011 %
<b>Gender</b>	Male	<b>80.6</b>	<b>77.3</b>
	Female	<b>68.9</b>	<b>61.4</b>
<b>Race</b>	Black	<b>65.7</b>	<b>64.2</b>
	White	<b>79.2</b>	<b>73.1</b>
	Hispanic	<b>70.8</b>	<b>63.9</b>
<b>Age</b>	15 yrs old or younger	<b>78.1</b>	<b>76.3</b>
	16 – 17 years old	<b>74.1</b>	<b>65.5</b>
	18 yrs old or older	<b>67.8</b>	<b>65.6</b>

**Table A-5: Trend - adults doing 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week, NJ BRFS, 2003 - 2009**

Year	%	95% CI	N
<b>2003</b>	<b>44.7</b>	(43.5 - 45.9)	4721
<b>2005</b>	<b>45.9</b>	(44.7 - 47.1)	5617
<b>2007</b>	<b>48.1</b>	(46.3 - 49.9)	3012
<b>2009</b>	<b>47.5</b>	(46.0 – 49.1)	5046

**Table A-6: Adults doing 30+ minutes of moderate physical activity five or more days per week, or vigorous physical activity for 20+ minutes three or more days per week, NJ BRFSS, 2003 - 2009**

		<b>2007</b>	<b>2009</b>
		<b>%</b>	<b>%</b>
		(95% CI) N	(95% CI) N
<b>Gender</b>	Male	<b>50.2</b> (47.3 - 53.1) 1179	<b>50.1</b> (47.6 - 52.6) 1972
	Female	<b>46.0</b> (43.8 - 48.2) 1833	<b>45.2</b> (43.4 - 47.0) 3074
<b>Age</b>	18 -24	<b>56.9</b> (47.5 - 66.3) 100	<b>61.1</b> (53.6 - 68.7) 140
	25 – 34	<b>53.8</b> (48.3 - 59.3) 328	<b>50.4</b> (46.1 - 54.6) 523
	35 – 44	<b>48.8</b> (44.9 - 52.7) 554	<b>49.4</b> (46.5 - 52.3) 968
	45 – 54	<b>49.2</b> (45.5 - 52.9) 639	<b>47.3</b> (44.7 - 49.8) 1268
	55 – 64	<b>45.4</b> (41.7 - 49.1) 609	<b>43.8</b> (41.1 - 46.5) 1103
	65+	<b>39.0</b> (36.3 - 41.7) 782	<b>36.7</b> (34.3 - 39.0) 1044
<b>Race</b>	White	<b>51.9</b> (49.9 - 53.9) 2371	<b>50.3</b> (48.5 - 52.1) 3907
	Black	<b>40.2</b> (34.9 - 45.5) 224	<b>43.4</b> (39.2 - 47.6) 456
	Hispanic	<b>44.8</b> (38.9 - 50.7) 247	<b>38.7</b> (34.2 - 43.2) 365
	Other	<b>35.0</b> (27.7 - 42.3) 96	<b>46.5</b> (39.8 - 53.2) 233
	Multiracial	N/A	N/A
<b>Income</b>	Less than \$15,000	<b>37.2</b> (29.2 - 45.2) 158	<b>41.4</b> (33.2 - 49.6) 207
	\$15,000 – 24,999	<b>40.9</b> (34.8 - 47.0) 275	<b>36.0</b> (32.0 - 40.0) 492
	\$25,000 – 34,999	<b>42.3</b> (36.2 - 48.4) 233	<b>41.5</b> (36.0 - 47.0) 367
	\$35,000 – 49,999	<b>50.5</b> (45.0 - 56.0) 360	<b>46.2</b> (41.6 - 50.8) 533
	\$50,000+	<b>52.6</b> (50.2 - 55.0) 1594	<b>52.6</b> (50.6 - 54.7) 2886
<b>Education</b>	Less than H.S.	<b>34.0</b> (26.7 - 41.3) 163	<b>29.8</b> (24.6 - 34.9) 222
	H.S. or G.E.D	<b>44.8</b> (41.3 - 48.3) 750	<b>42.6</b> (39.7 - 45.5) 1183
	Some post – H.S.	<b>49.0</b> (45.3 - 52.7) 688	<b>48.8</b> (45.4 - 52.2) 1259
	College graduate	<b>52.5</b> (50.0 - 55.0) 1407	<b>52.8</b> (50.7 - 55.0) 2377

N/A = Not available if the unweighted sample size for the denominator was < 50 or the CI half width was > 10 for any cell, or if the state did not collect data for that calendar year

**Table A-7: Adults participation in planned exercise away from work, NJ BRFSS Supplemental Module, 2009 - 2011**

	2009 %	2010 %	2011 %
Never	44.1	47.3	46.0
1 day/week	14.7	10.7	14.2
3 days/week	20.9	21.5	19.8
Most days per week	13.8	13.4	11.8
Everyday	5.9	5.8	6.9
Don't know/Not sure/Refused	0.7	1.4	1.4

### Screen Time

**Table A-8: Trend for three or more hours of screen time among high school students on an average school day, YRBS, 2005 - 2011**

	2005 % (95% CI) N	2009 % (95% CI) N	2011 % (95% CI) N
Watched television 3 or more hours per day (on an average school day)	<b>35.8</b> (30.0 – 42.1) 1480	<b>32.6</b> (26.7 – 39.0) 1744	<b>32.9</b> (27.6 – 38.8) 1619
Used computers 3 or more hours per day (played video or computer games or used a computer for something that was not school work on an average school day)	—	<b>28.9</b> (25.8–32.2) 1738	<b>37.3</b> (33.6–41.2) 1623

'—' data not available

<b>Table A-9: Number of high school students who watched television 3 or more hours per day on an average school day, YRBS, 2009 - 2011</b>			
		<b>2009</b>	<b>2011</b>
		<b>%</b>	<b>%</b>
		(95% CI) N	(95% CI) N
<b>Gender</b>	Male	<b>33.5</b> (27.3 – 40.4) 767	<b>32.3</b> (26.2 – 39.1) 737
	Female	<b>31.6</b> (25.3 – 38.8) 973	<b>33.6</b> (27.9 – 39.7) 878
<b>Race</b>	AI/AN+	N/A	N/A
	Asian+	N/A	<b>21.2</b> (14.2–30.4) 115
	Black+	<b>54.4</b> (45.2 – 63.4) 212	<b>53.4</b> (43.2 – 63.3) 171
	NHOPI+	N/A	N/A
	White+	<b>24.9</b> (21.2 – 29.1) 1001	<b>27.0</b> (22.4 – 32.2) 871
	Hispanic	<b>41.9</b> (32.9 – 51.6) 335	<b>39.4</b> (34.1 – 45.0) 351
	Multiple Race+	N/A	N/A
<b>Grade</b>	9th	<b>36.5</b> (27.0 – 47.1) 406	<b>29.8</b> (23.6 – 36.8) 444
	10th	<b>31.4</b> (24.2 – 39.6) 439	<b>29.4</b> (22.8 – 37.0) 475
	11th	<b>28.1</b> (22.5 – 34.4) 524	<b>35.3</b> (29.2 – 41.9) 343
	12th	<b>34.0</b> (27.6 – 41.2) 360	<b>38.4</b> (29.3 – 48.4) 348

'-' = Data not available AI/AN = American Indian or Alaskan Native; NHOPI = Native Hawaiian or Other Pacific Islander  
 \*Non Hispanic N/A = < 100 respondents for the subgroup

**Table A-10: Number of high school students using computers for 3 or more hours per day for purpose other than school work on an average school day, YRBS, 2009 - 2011**

		<b>2009</b> % (95% CI) N	<b>2011</b> % (95% CI) N
<b>Gender</b>	Male	<b>31.9</b> (27.4 – 36.8) 764	<b>40.2</b> (35.5 – 45.1) 737
	Female	<b>25.8</b> (22.2 – 29.8) 970	<b>34.3</b> (29.7 – 39.2) 882
<b>Race</b>	AI/AN+	N/A	N/A
	Asian+	N/A	<b>35.3</b> (24.4 – 48.0) 114
	Black+	<b>36.1</b> (29.4 – 43.5) 210	<b>43.8</b> (35.3 – 52.6) 173
	NHOPI+	N/A	N/A
	White+	<b>25.3</b> (22.2 – 28.8) 999	<b>35.7</b> (31.5 – 40.1) 873
	Hispanic	<b>30.4</b> (25.5 – 35.8) 334	<b>38.1</b> (30.7 – 46.0) 351
	Multiple Race+	N/A	N/A
<b>Grade</b>	9th	<b>31.1</b> (23.8 – 39.5) 405	<b>39.5</b> (34.2 – 45.1) 449
	10th	<b>26.2</b> (20.3 – 33.2) 438	<b>36.4</b> (31.1 – 42.1) 473
	11th	<b>30.3</b> (26.9 – 34.0) 521	<b>36.6</b> (30.0 – 43.9) 344
	12th	<b>27.8</b> (22.7 – 33.6) 359	<b>37.2</b> (30.1 – 45.0) 348

— = Data not available

AI/AN = American Indian or Alaskan Native; NHOPI = Native Hawaiian or Other Pacific Islander

\*Non Hispanic

N/A = < 100 respondents for the subgroup

**Table A-11: Number of hours children (0 – 17 years) spent watching television or playing video games or computer games or use computer for purpose other than school work, NJ BRFSS Supplemental Module, 2009 - 2011**

<b>Child TV Time</b>	<b>2009 %</b>	<b>2010 %</b>	<b>2011 %</b>
1 – 2 hours	57.3	50.6	52.5
3 – 24 hours	24.8	29.0	28.0
Less than 1 hour - <daily	8.0	9.7	9.9
Does not watch	6.7	6.9	6.5
DK/Refused	3.2	3.8	3.1
<b>Child Video Game/Computer Time</b>			
1 – 2 hours	41.8	36.5	37.2
3 – 24 hours	10.3	11.7	12.8
Less than 1 hour -< daily	17.5	19.3	20.3
Does not watch	25.7	27.4	25.5
DK/Refused	4.8	5.1	4.1

**Table A-12: Number of hours adults spent watching television or using computer outside of work, NJ BRFSS Supplemental Module, 2009 - 2011**

<b>Adult Television Time</b>	<b>2009 %</b>	<b>2010 %</b>	<b>2011 %</b>
1 – 2 hours	51.8	48.1	47.9
3 – 24 hours	36.5	38.4	38.6
Less than 1 hour - <daily	7.4	8.4	8.2
Does not watch	3.4	3.6	3.8
DK/Refused	0.9	1.5	1.5
<b>Adult Computer Time</b>			
1 – 2 hours	45.4	43.2	45.4
3 – 24 hours	16.9	15.8	15.5
Less than 1 hour - <daily	17.5	15.5	18.1
Does not work	18.8	23.9	19.6
DK/Refused	1.4	1.7	1.5

## Appendix B

**Table B-1: Trend of number of servings of fruits, vegetables and soda or pop consumption per day among high school students, YRBS/ NJ Student Health Survey, 2005 - 2011**

	<b>2005</b> % (95% CI) N	<b>2009</b> % (95% CI) N	<b>2011</b> % (95% CI) N
Ate fruits and vegetables five times or more servings per day per day (100% fruit juices, fruit, green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)	<b>16.8</b>	<b>20.1</b>	<b>19.2</b>
Drank a can, bottle, or glass of soda or pop at least one time (or more times) per day (not including diet soda or diet pop, during the 7 days before the survey)		<b>19.9</b> (16.6 – 23.6) 1747	<b>18.5</b> (16.3 – 21.0) 1642

**Table B-2: Combined fruit and vegetable consumption five or more servings per day in past seven days among high school students, NJ Student Health Survey, 2009 - 2011**

		<b>2009</b> %	<b>2011</b> %
<b>Gender</b>	Male	<b>19.3</b>	<b>19.8</b>
	Female	<b>20.8</b>	<b>18.2</b>
<b>Race</b>	White	<b>18.1</b>	<b>16.1</b>
	Black	<b>28.0</b>	<b>27.8</b>
	Hispanic	<b>16.9</b>	<b>19.8</b>
<b>Age</b>	15 years old or younger	<b>20.1</b>	<b>19.0</b>
	16 – 17 years old	<b>18.7</b>	<b>18.9</b>
	18 years old or older	<b>24.5</b>	<b>20.6</b>

<b>Table B-3: High school students soda or pop consumption one or more times per day in past seven days, YRBS/ NJ Student Health Survey, 2009- 2011</b>			
		<b>2009</b>	<b>2011</b>
		<b>%</b>	<b>%</b>
		(95% CI) N	(95% CI) N
<b>Gender</b>	Male	<b>24.3</b> (20.2 – 28.8) 767	<b>21.6</b> (18.2 – 25.4) 748
	Female	<b>15.5</b> (12.2 – 19.7) 976	<b>15.1</b> (12.0 – 18.7) 890
<b>Race</b>	AI/AN+	N/A	N/A
	Asian+	N/A	<b>11.8</b> (7.2 – 19.0)
	Black+	<b>22.7</b> (16.4 – 30.4) 211	<b>20.1</b> (15.3 – 25.8) 175
	NHOPI+	N/A	N/A
	White+	<b>18.6</b> (14.7 – 23.4) 1001	<b>18.1</b> (15.2 – 21.4) 879
	Hispanic	<b>21.3</b> (17.8 – 25.2) 338	<b>20.6</b> (16.2 – 26.0) 360
	Multiple Race+	N/A	N/A
<b>Age</b>	15 years old or younger	<b>21.0</b>	<b>20.4</b>
	16 – 17 years old	<b>19.0</b>	<b>16.8</b>
	18 years old or older	<b>20.5</b>	<b>19.3</b>

AI/AN = American Indian or Alaskan Native; NHOPI = Native Hawaiian or Other Pacific Islander

\*Non Hispanic

N/A = < 100 respondents for the subgroup

**Table B-4: Trend of number of servings of fruits, vegetables and 100% fruit juices per day, YRBS, 2005 - 2011**

	<b>2005</b> % (95% CI) N	<b>2009</b> % (95% CI) N	<b>2011</b> % (95% CI) N
Ate fruit or drank 100% fruit juices less than one time per day (during the 7 days before the survey)	<b>41.2</b> (36.8 – 45.8) 1479	<b>36.0</b> (33.4 – 38.7) 1742	<b>39.1</b> (36.7 – 41.6) 1630
Ate fruit or drank 100% fruit juices less than two times per day (during the 7 days before the survey)	<b>72.8</b> (69.2 – 76.1) 1479	<b>66.3</b> (62.9 – 69.5) 1742	<b>69.4</b> (66.0 – 72.5) 1630
Ate fruit or drank 100% fruit juices less than three times per day	<b>82.7</b> (79.2 – 85.7) 1479	<b>78.3</b> (75.7 – 80.7) 1742	<b>80.8</b> (77.7 – 83.5) 1630
Ate vegetables less than one time per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)	<b>41.7</b> (36.8 – 46.8) 1476	<b>37.1</b> (32.7 – 41.7) 1746	<b>34.9</b> (32.0 – 37.8) 1631
Ate vegetables less than two times per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)	<b>77.5</b> (74.9 – 79.9) 1476	<b>74.6</b> (70.7 – 78.1) 1746	<b>72.0</b> (69.0 – 74.9) 1631
Ate vegetables less than three times per day (green salad, potatoes [excluding French fries, fried potatoes, or potato chips], carrots, or other vegetables, during the 7 days before the survey)	<b>89.2</b> (87.2 – 90.9) 1476	<b>87.8</b> (85.0 – 90.2) 1746	<b>86.9</b> (84.7 – 88.8) 1631

**Table B-5: Trend – adults consumption of fruits and vegetables per day, NJ BRFS, 2003 - 2009**

<b>Year</b>	<b>%</b>	<b>(95% CI) N</b>
<b>2003</b>	<b>26.6</b>	(25.6 - 27.6) 3083
<b>2005</b>	<b>25.9</b>	(24.9 - 26.9) 3562
<b>2007</b>	<b>27.5</b>	(25.9 - 29.1) 1962
<b>2009</b>	<b>26.4</b>	(25.2 - 27.6) 3355

**Table B-6: Adults consumption of five or more servings of fruits and vegetables per day, NJ BRFS, 2007 - 2009**

		<b>2007</b> % (95% CI) N	<b>2009</b> % (95% CI) N
<b>Gender</b>	Male	<b>24.6</b> (21.9 - 27.3) 573	<b>22.3</b> (20.3 - 24.2) 989
	Female	<b>30.1</b> (28.3 - 31.9) 1389	<b>30.2</b> (28.7 - 31.7) 2366
<b>Age</b>	18 -24	<b>27.9</b> (19.5 - 36.3) 54	<b>18.5</b> (12.6 - 24.4) 55
	25 – 34	<b>27.3</b> (22.6 - 32.0) 162	<b>25.3</b> (21.8 - 28.8) 265
	35 – 44	<b>25.6</b> (22.1 - 29.1) 301	<b>25.2</b> (22.8 - 27.6) 555
	45 – 54	<b>27.2</b> (23.9 - 30.5) 382	<b>26.2</b> (24.0 - 28.4) 751
	55 – 64	<b>28.1</b> (24.8 - 31.4) 397	<b>30.6</b> (28.1 - 33.1) 758
	65+	<b>30.1</b> (27.6 - 32.6) 666	<b>30.5</b> (28.3 - 32.6) 971
	<b>Race</b>	White	<b>27.0</b> (25.2 - 28.8) 1484
Black		<b>24.5</b> (19.8 - 29.2) 146	<b>26.8</b> (23.5 - 30.2) 369
Hispanic		<b>27.4</b> (21.9 - 32.9) 168	<b>24.3</b> (20.4 - 28.2) 241
Other		<b>33.2</b> (26.3 - 40.1) 99	<b>25.2</b> (20.5 - 29.8) 173
Multiracial		N/A	N/A
<b>Income</b>	Less than \$15,000	<b>22.0</b> (15.9 - 28.1) 130	<b>22.6</b> (16.9 - 28.4) 154
	\$15,000 – 24,999	<b>27.7</b> (22.2 - 33.2) 221	<b>26.3</b> (22.8 - 29.8) 413
	\$25,000 – 34,999	<b>29.5</b> (23.8 - 35.2) 151	<b>24.8</b> (20.8 - 28.7) 262
	\$35,000 – 49,999	<b>26.3</b> (21.6 - 31.0) 210	<b>26.7</b> (22.9 - 30.5) 386
	\$50,000+	<b>28.0</b> (25.8 - 30.2) 920	<b>26.7</b> (25.0 - 28.4) 1676
<b>Education</b>	Less than H.S.	<b>23.1</b> (16.8 - 29.4) 125	<b>18.8</b> (14.5 - 23.2) 160
	H.S. or G.E.D	<b>23.6</b> (20.7 - 26.5) 475	<b>22.7</b> (20.4 - 25.0) 767
	Some post – H.S.	<b>26.6</b> (23.5 - 29.7) 435	<b>27.1</b> (24.4 - 29.8) 853
	College graduate	<b>31.1</b> (28.6 - 33.6) 922	<b>29.5</b> (27.7 - 31.3) 1570

N/A = Not available if the unweighted sample size for the denominator was &lt; 50 or the CI half width was &gt; 10 for any cell

### Frequency of Eating in Fast Food Restaurants

<b>Table B-7: Children (0 – 17 years) frequency of eating in fast food restaurant, NJ BRFSS Supplemental Module, 2009 - 2011</b>			
<b>Children eating at a fast food restaurant</b>	<b>2009 %</b>	<b>2010 %</b>	<b>2011 %</b>
1 – 2 times per day	0.9	2.1	0.6
More than 2 times per day	-	0.2	-
1 -2 times per week	26.4	24.5	24.6
More than 2 times per week	2.9	3.4	2.3
1 – 2 times per month	29.8	31.1	30.7
More than 2 times per month	5.9	6.6	9.8
Less than once a month	9.7	9.8	8.5
Never	22.0	19.6	20.7
DK/Refused	2.3	2.9	3.0
<b>Children sweet drinks per day</b>			
None	44.0	46.8	45.8
1 -2	42.1	38.3	39.4
3 – 4	7.18	6.7	6.7
5 or more	2.2	2.3	2.6
DK/Refused	4.5	5.9	5.6

<b>Table B-8: Adults frequency of eating in fast food restaurant, NJ BRFSS Supplemental Module, 2009 - 2011</b>			
<b>Adults frequency of eating at a fast food restaurant</b>	<b>2009 %</b>	<b>2010 %</b>	<b>2011 %</b>
1 – 2 or times per day	3.2	1.6	1.8
More than 2 times per day	0.0	0.2	0.2
1 -2 times per week	17.1	18.2	14.8
More than 2 times per week	4.5	3.5	2.4
1 – 2 times per month	26.8	24.3	27.1
More than 2 times per month	4.4	5.7	6.5
Less than once a month	35.5	33.3	34.1
Never	8.2	12.2	12.2
DK/Refused	0.4	1.2	1.0
<b>Main Reason for choosing a fast food restaurant</b>			
Taste of food	14.4	20.8	20.8
Cost	12.5	8.8	6.9
Convenience	53.4	55.4	54.8
Person with me wants to go	2.7	1.9	2.6
Children like it	5.6	4.1	5.9
Conveniently located	3.1	4.0	4.4
Other	4.6	2.2	1.9
DK/Not sure/Refused	3.7	2.9	2.6
<b>Likelihood of ordering healthier food items at a fast food restaurant</b>			
Very likely	26.0	29.4	27.3
Somewhat likely	36.7	32.2	36.1
Somewhat unlikely	12.0	12.1	11.7
Very unlikely	16.9	15.3	12.6
Neither likely or unlikely	6.6	8.6	9.9
Don't know/Refused	1.7	2.5	2.4

<b>Table B-9: Adults consumption of sugar sweetened beverages, NJ BRFS Supplemental Module, 2009 - 2011</b>			
<b>Frequency of drinking soda or pop that contains sugar</b>	<b>2009 %</b>	<b>2010 %</b>	<b>2011 %</b>
1 time per day	23.2	7.4	5.9
2 or more times per day	8.4	5.4	3.6
1 -2 times per week	16.9	12.8	12.3
More than 2 times per week	16.4	6.1	6.3
1 – 2 times per month	7.8	8.1	14.2
More than 2 times per month	4.3	3.2	4.8
1 – 2 or more times per year	1.8	-	-
Never	14.0	55.5	52.0
DK/Refused	7.3	1.6	0.9
<b>Frequency of drinking sweetened fruit drinks including sugar added drinks made at home</b>			
1 – 2 or more times per day	-	13.7	8.3
1 -2 times per week	-	9.6	12.7
More than 2 times per week	-	7.3	5.92
1 – 2 times per month	-	6.6	10.7
More than 2 times per month	-	2.7	5.5
Never	-	57.8	55.5
DK/Refused	-	2.3	1.4

'\_' No data

<b>Table B-10: Adults consumption of 100% fruit juice, NJ BRFS Supplemental Module, 2011</b>	
<b>Frequency of drinking 100% fruit Juice</b>	<b>2011** %</b>
1 time per day	16.0
2 or more times per day	5.4
1 -2 times per week	9.6
More than 2 times per week	9.7
1 – 2 times per month	6.2
More than 2 times per month	15.2
Never	28.9
DK/Refused/Missing	9.0

\*\*Only for 2011

## Appendix C

<b>Table C-1: Outcome indicators - Breastfeeding rates, NIS, 2004 - 2009</b>					
	Ever Breastfed %	Breastfeeding at 6 months %	Breastfeeding at 12 months %	Exclusive breastfeeding at 3 months %	Exclusive breastfeeding at 6 months %
2004	<b>69.8</b>	<b>45.1</b>	<b>19.4</b>	<b>27.0</b>	<b>11.8</b>
2005	<b>75.0</b>	<b>37.3</b>	<b>15.2</b>	<b>24.5</b>	<b>10.8</b>
2006	<b>81.4</b>	<b>53.0</b>	<b>27.4</b>	<b>29.7</b>	<b>13.2</b>
2007	<b>72.1</b>	<b>42.3</b>	<b>19.8</b>	<b>29.8</b>	<b>10.0</b>
2008	<b>75.3</b>	<b>45.9</b>	<b>24.4</b>	<b>26.8</b>	<b>10.3</b>
2009	<b>79.7</b>	<b>47.9</b>	<b>26.1</b>	<b>33.0</b>	<b>16.1</b>

<b>Table C-2: Process indicators - Breastfeeding rates, NIS, 2004 - 2009</b>						
	2004	2005	2006	2007	2008	2009
Average mPINC Score	-	60	60	60	62	71
Percent of live births occurring at Baby-Friendly Facilities	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%
Percent of breastfed infants receiving formula before 2 days of age	-	-	36.4%	35.0%	38.0%	35.5%
Number of La Leche League Leaders per 1,000 live births	0.4	0.4	0.4	-	1.5	1.4
Number of IBCLCs* per 1,000 live births	2.2	2.3	2.2	2.4	2.7	3.0
Number of state health department FTEs** dedicated to breastfeeding	2.0	2.0	2.0	2.0	2.5	2.5
State legislation about breastfeeding in public places	Yes	Yes	Yes	Yes	-	-
State legislation about lactation and employment	No	No	No	No	-	-
Breastfeeding coalition with public website	Yes	Yes	Yes	Yes	-	-
State child care center regulation supports lactation	-	-	-	No	not optimal	No

- no data available

\*IBCLC - International Board Certified Lactation Consultant.

\*\*FTE - Full-Time Equivalent

La Leche League (LLL) is an organization of trained and accredited volunteer mothers who provide support and help to pregnant and breastfeeding mothers.

<b>Table C-3: Maternity Practices in Infant Nutrition and Care In New Jersey (mPINC) Score, 2007 - 2009</b>								
	Total score	Labor & delivery care	Feeding of breastfed infant	Breastfeeding assistance	Mother/infant contact	Discharge care	Staff training	Structural & Organizational Aspects
<b>2007</b>	63	47	72	82	54	25	63	72
<b>2009</b>	65	53	73	83	56	24	66	77

## Appendix D

<b>Table D-1: New Jersey School Health Profile, 2008 - 2010</b>		
	<b>2008 %</b>	<b>2010 %</b>
% of high schools that taught all 12 physical activity topics a required course included in School Health Profile	<b>61.2</b>	<b>61.1</b>
% of NJ Schools that allow students to purchase fruits	<b>39.0</b>	<b>38.6</b>
% of NJ Schools that allow students to purchase non-fried items	<b>33.0</b>	<b>30.6</b>
% of NJ schools that offer fruits and non-fried vegetables at school celebrations	<b>45.8</b>	<b>38.6</b>
% of NJ schools that have a school health council, committee, or teams (including youth advisory groups) that offers guidance on the development of policies or coordinates activities on health topics	<b>59.0</b>	<b>57.6</b>
% of NJ schools that implement 3 of the 5 following strategies to promote healthy eating	<b>34.0</b>	<b>34.6</b>

<b>Table D-2: 5 school strategies to promote healthy eating, New Jersey School Health Profile, 2008 - 2010</b>		
	<b>2008 %</b>	<b>2010 %</b>
1. Price nutritious foods and beverages at a lower cost.	<b>11.6</b>	<b>11.0</b>
2. Collect suggestions on nutritious food preferences and strategies	<b>64.0</b>	<b>68.5</b>
3. Provide information on nutrition and caloric content of food.	<b>59.2</b>	<b>58.4</b>
4. Conduct taste tastes	<b>28.1</b>	<b>34.5</b>
5. Provide opportunities to learn about nutrition related topics	<b>26.7</b>	<b>26.9</b>

## Appendix E

<b>Table E-1: Neighborhood environment and safety, NJ BRFS Supplemental Module, 2009 - 2011</b>			
<b>Place to Walk</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
	<b>%</b>	<b>%</b>	<b>%</b>
Very Pleasant	66.5	59.4	66.7
Somewhat Pleasant	25.7	32.0	26.5
Not Very/Not at all Pleasant	7.4	7.6	5.9
Don't know/Not sure	0.4	1.0	1.0
<b>Availability of Sidewalks</b>			
Yes	72.4	75.4	72.7
No	26.5	25.9	26.8
Don't know/Not sure/Refused	1.1	0.8	0.5
<b>Number of Days Walked in Past 30 days</b>			
Less than 5 days	94.1	67.4	82.2
5 – 10 days	1.3	4.8	2.2
10 – 25 days	1.5	4.9	2.9
More than 25 days	2.0	5.8	3.7
None	1.0	16.1	8.6
Don't know/Not sure/Refused	0.3	1.0	0.4
<b>Reason for Not Walking</b>			
Weather	15.4	18.8	21.1
Lack of time	22.1	20.5	17.5
Nowhere to go	3.2	5.5	5.5
No sidewalks	3.0	4.0	4.2
Too much traffic	0.9	1.8	1.5
Medical conditions	10.9	8.5	10.7
Lack of energy/motivation	5.3	6.4	6.2
Exercise else where	3.5	4.1	4.4
Safety	3.1	2.8	1.6
Other	29.8	24.8	23.8
Don't know/Not sure/Refused	2.9	2.7	3.5
<b>Neighborhood Safety</b>			
Extremely safe	41.9	41.0	45.2
Quite safe	41.4	43.6	39.9
Slightly safe	13.0	10.8	11.2
Not at all safe	3.7	2.9	2.8
Don't know/Not sure/Refused	0.5	1.8	0.9

<b>Table E-2: Availability and safety of community recreational facilities, NJ BRFSS Supplemental Module, 2009 - 2011</b>			
<b>Availability of community recreational facilities</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
	<b>%</b>	<b>%</b>	<b>%</b>
Yes	<b>75.3</b>	<b>75.8</b>	<b>80.4</b>
No	<b>19.0</b>	<b>17.2</b>	<b>14.4</b>
Don't know/Not sure/Refused	<b>5.7</b>	<b>7.0</b>	<b>5.2</b>
<b>Safety of community recreational facilities</b>			
Very safe	<b>71.0</b>	<b>66.1</b>	<b>69.3</b>
Somewhat safe	<b>20.6</b>	<b>25.2</b>	<b>23.8</b>
Not at all safe	<b>0.5</b>	<b>0.8</b>	<b>0.7</b>
Don't know/Not sure/Refused	<b>7.9</b>	<b>7.9</b>	<b>6.2</b>
<b>Schools open for community recreational activities</b>			
Yes	<b>48.3</b>	<b>41.4</b>	<b>44.0</b>
No	<b>27.0</b>	<b>26.4</b>	<b>23.6</b>
Don't know/Not sure	<b>24.6</b>	<b>31.9</b>	<b>32.3</b>
Refused	<b>0.1</b>	<b>0.3</b>	<b>0.1</b>

<b>Table E-3: Calculating fruits and vegetables indicators, CDC State Indicator Report on Fruits and Vegetables, 2009 &amp; Children's Food Environment State Indicator Report, 2011</b>
Percentage of census tracts with healthy food retailers within half mile of boundary = Retail data/census tract information
Farmers markets per 100,000 population = Farmers market list/Population estimates United States Census Bureau
Percentage of farmers markets that accept EBT = Farmers market that accept EBT/Total farmers markets
Percentage of farmers market that accept WIC FMNP coupons = Number of farmers market that accept WIN FMNP coupons/Total farmers markets
Percentage of cropland acreage harvested for fruits and vegetables = United States Department of Agriculture: Census of agriculture (vegetables, fruits excluding nuts and berries)/ United States Department of Agriculture: Census of agriculture – harvested cropland in acres, state specific total acres.
Modified retail food environment index = 100 (No. of healthy food retailers/No. of healthy food retailers + No. of less healthy food retailers)

<b>Table E-4: Employee wellness Program, NJ BRFSS Supplemental Module, 2009 - 2011</b>			
<b>Employee Wellness Program offered</b>	<b>2009 %</b>	<b>2010 %</b>	<b>2011 %</b>
Yes	40.7	36.9	39.0
No	55.6	57.4	56.2
Don't know/Not sure/Refused	3.7	5.7	4.8
<b>Participation in employer sponsored program</b>			
Physical activity/	25.9	24.3	20.9
Nutrition/weight management	4.1	5.6	5.0
Tobacco cessation	0.0	0.5	0.9
PG to reduce stress	0.4	2.2	1.0
Other	1.7	2.7	4.7
Don't participate	64.7	61.1	61.9
Don't know/Not sure/Refused/Missing	3.3	3.6	5.6
<b>Reason for non-participation</b>			
Don't participate	5.9	6.3	4.5
Cannot use work time	9.1	14.2	10.5
Time conflicts	27.5	25.3	27.1
No incentive to motivate	3.5	4.2	4.1
Not interesting program	13.1	12.1	16.5
Other	36.9	32.1	31.9
Don't know/Not sure	3.2	4.1	4.8
Missing	0.8	1.8	0.6

## Appendix F

**Table F-1: Trend of high school students reported to be obese (students who were  $\geq$  95th percentile for body mass index), YRBS, 2009 - 2011**

	<b>2005</b> % (95% CI) N	<b>2009</b> % (95% CI) N	<b>2011</b> % (95% CI) N
Obese (students who were $\geq$ 95th percentile for body mass index, by age and sex, based on reference data)	<b>11.3</b> (8.6 – 14.6) 1454	<b>10.2</b> (8.4 – 12.3) 1709	<b>10.9</b> (9.2 – 13.0) 1626
CI = Confidence Interval			

**Table F-2: Percentage of high school students reported to be obese (students who were  $\geq$  95th percentile for body mass index), YRBS, 2009 - 2011**

		<b>2009</b> % (95% CI) N	<b>2011</b> % (95% CI) N
<b>Gender</b>	Male	<b>13.8</b> (11.3 – 16.7) 751	<b>14.5</b> (11.3 – 18.3) 738
	Female	<b>6.6</b> (4.8 – 9.0) 958	<b>7.4</b> (5.6 – 9.6) 888
<b>Race</b>	AI/AN+	N/A	N/A
	Asian+	N/A	<b>2.0</b> (0.6–6.8) 114
	Black+	<b>11.1</b> (6.1 – 19.3) 201	<b>17.2</b> (12.3 – 23.4) 173
	NHOPI+	N/A	N/A
	White+	<b>8.0</b> (6.2 – 10.5) 989	<b>9.5</b> (7.3 – 12.3) 867
	Hispanic	<b>17.3</b> (13.2 – 22.3) 328	<b>13.7</b> (9.1 – 20.0) 361
	Multiple Race+	N/A	N/A
<b>Grade</b>	9th	<b>10.9</b> (7.2 – 16.3) 396	<b>9.1</b> (5.9 – 13.9) 448
	10th	<b>9.3</b> (6.2 – 13.6) 429	<b>10.1</b> (7.5 – 13.3) 472
	11th	<b>10.0</b> (7.1 – 13.8) 518	<b>12.5</b> (8.4 – 18.3) 352
	12th	<b>10.7</b> (7.8 – 14.4) 354	<b>12.1</b> (7.9 – 18.1) 347
CI = Confidence Interval			

AI/AN = American Indian or Alaskan Native; NHOPI = Native Hawaiian or Other Pacific Islander

\*Non Hispanic

N/A = &lt; 100 respondents for the subgroup

<b>Table F-3: Percentage of adults reported to be obese (adults with body mass index between 30.0 - 99.8), NJ BRFS, 2007 - 2011</b>					
	<b>2007</b>	<b>2008</b>	<b>2009</b>	<b>2010</b>	<b>2011</b>
	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>	<b>%</b>
<b>Total</b>	<b>22.7</b>	<b>22.1</b>	<b>23.6</b>	<b>24.3</b>	<b>26.5</b>
<b>Gender</b>					
Male	25.0	24.0	25.1	27.0	25.0
Female	20.7	20.3	22.1	21.8	20.2
<b>Age in years</b>					
18-24	12.5	18.6	11.0	13.5	12.3
25-34	19.5	18.4	20.2	24.4	19.7
35-44	23.7	21.3	25.4	22.7	22.2
45-54	25.6	23.8	27.2	27.4	26.7
55-64	28.5	29.1	31.4	29.7	27.7
65+	22.4	21.2	23.6	25.3	24.1
Missing/DK/REF	18.7	25.6	22.3	25.8	19.9
<b>Race</b>					
White	22.7	21.9	23.0	23.9	22.4
Black	31.8	33.0	36.5	32.0	29.6
Asian	10.6	5.5	8.4	6.6	8.1
Others	20.3	19.9	19.9	29.6	23.4
Missing/DK/REF	26.4	17.2	34.0	27.9	20.4
<b>Ethnicity</b>					
Hispanic	16.9	17.0	14.7	19.0	16.7
Non-Hispanics	81.9	82.1	84.6	79.3	81.9
Missing/DK/Refused	1.2	1.0	0.7	1.7	1.4
<b>Education</b>					
LT High School	24.3	29.0	29.4	33.7	26.2
Graduates High School	27.0	25.6	26.5	27.6	25.7
Some College	24.8	23.6	24.5	24.7	24.5
Graduated College	18.9	17.6	18.1	17.4	16.7
Missing/DK/REF	0.0	6.0	3.2	1.5	5.4

The Rutgers University logo, featuring the word "RUTGERS" in a red, serif font with a stylized red arc under the "R".

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